



**State of Utah
Division of Child and
Family Services**

**Annual Progress and
Services Report**

June 30, 2017

TABLE OF CONTENTS

INTRODUCTION	4
DISTRIBUTION.....	5
LEGAL AUTHORITY	5
MANAGEMENT	5
VISION, MISSION, AND PRACTICE MODEL PRINCIPLES	6
VISION	6
MISSION STATEMENT.....	6
PRACTICE MODEL	6
PRACTICE SKILLS	7
PRACTICE STANDARDS	7
COLLABORATION	8
COLLABORATION WITH OTHER STATE AGENCIES	9
COLLABORATION WITH LOCAL PARTNERS	9
COLLABORATION WITH TRIBES.....	10
COLLABORATION WITH COURTS	10
COLLABORATION WITH NATIONAL GOVERNMENTAL AND PRIVATE ORGANIZATIONS.....	11
ASSESSMENT OF PERFORMANCE	12
SAFETY OUTCOMES	12
<i>Safety Outcome 1-Children are, First and Foremost, Protected from Abuse and Neglect.....</i>	<i>12</i>
<i>Safety Outcome 2-Children are Safely Maintained in their Homes Whenever Possible and Appropriate ..</i>	<i>13</i>
PERMANENCY OUTCOMES.....	18
<i>Permanency Outcome 1-Children Have Permanency and Stability in their Living Situations.....</i>	<i>18</i>
<i>Permanency Outcome 2-Continuity of Family Relationships and Connections is Preserved for Children ..</i>	<i>25</i>
WELL-BEING OUTCOMES.....	32
<i>Wellbeing Outcome 1-Families Have Enhanced Capacity to Provide for their Children's Needs.....</i>	<i>32</i>
<i>Wellbeing Outcome 2-Children Receive Appropriate Services to Meet Their Educational Needs.....</i>	<i>38</i>
<i>Wellbeing Outcome 3-Children Receive Adequate Services to Meet Their Physical and Mental Health Needs.....</i>	<i>40</i>
STATEWIDE INFORMATION SYSTEM.....	44
CASE REVIEW AND QUALITY ASSURANCE SYSTEM	44
QUALITY ASSURANCE SYSTEM	49
STAFF AND PROVIDER TRAINING.....	50
SERVICE ARRAY AND RESOURCE DEVELOPMENT	52
FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION.....	56
PLAN FOR IMPROVEMENT.....	59
GOAL #1	59
GOAL #2	60
GOAL #3	61
GOAL #4	62
FEEDBACK LOOPS	62
PROGRAMS AND SERVICES	62
GEOGRAPHIC AREAS AND POPULATIONS SERVED.....	62
IN-HOME PROGRAM	63
FOSTER CARE PROGRAM.....	64
KINSHIP PROGRAM.....	68
ADOPTION PROGRAM.....	70
RESIDENTIAL TREATMENT PROGRAM.....	72
PROMOTING SAFE AND STABLE FAMILIES SERVICE DESCRIPTION	74
<i>Family Preservation Services</i>	<i>74</i>
<i>Family Support Services</i>	<i>75</i>
<i>Time-Limited Reunification Services</i>	<i>75</i>
<i>Adoption Promotion and Support Services</i>	<i>76</i>
POPULATIONS AT GREATEST RISK OF MALTREATMENT.....	77
SERVICES FOR CHILDREN UNDER AGE FIVE	78
SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES.....	79

**Safe Children
Strengthened Families**



PROGRAM SUPPORT	80
TRAINING AND TECHNICAL ASSISTANCE	80
<i>Provided to Another Agency</i>	<i>81</i>
<i>Received From Another Agency.....</i>	<i>81</i>
<i>Training and Technical Assistance Needs for FFY 2016.....</i>	<i>82</i>
RESEARCH AND EVALUATION	82
MANAGEMENT INFORMATION SYSTEMS	84
CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES.....	85
RESPONSIBILITY FOR PROVISION OF CHILD WELFARE SERVICES FOR TRIBAL CHILDREN	85
PROCESS USED TO GATHER INPUT FROM TRIBES	86
ONGOING COORDINATION AND COLLABORATION WITH TRIBES/STEPS TO IMPROVE OR MAINTAIN COMPLIANCE WITH ICWA	87
MONITORING OF COMPLIANCE WITH ICWA	89
DISCUSSIONS WITH TRIBES RELATED TO THE CFCIP.....	89
EXCHANGE OF DOCUMENTS.....	90
MONTHLY CASEWORKER VISIT GRANT.....	90
ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS	91
CHILD WELFARE DEMONSTRATION ACTIVITIES.....	91
QUALITY ASSURANCE SYSTEM.....	92
CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)	94
INTAKE	94
CHILD PROTECTIVE SERVICES	94
STATE CAPTA COORDINATOR	96
CHANGES TO STATE LAW OR REGULATIONS.....	96
USE OF CAPTA GRANT FUNDS	96
CITIZEN REVIEW PANELS	96
CHILDREN AFFECTED BY ILLEGAL SUBSTANCES OR WITH FETAL ALCOHOL SPECTRUM DISORDER	97
CHILDREN WHO ARE VICTIMS OF SEX TRAFFICKING.....	99
CHANGES TO 14 PROGRAM AREAS (CAPTA, SECTION 106).....	100
CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP).....	108
TRANSITION TO ADULT LIVING (TAL) PROGRAM.....	108
ACCOMPLISHMENTS ACHIEVED IN THE EIGHT PROGRAM PURPOSE AREAS	110
PLANNED ACTIVITIES	115
USE OF NYTD DATA	116
COLLABORATION WITH YOUTH AND OTHER PROGRAMS	116
<i>Involvement of Youth.....</i>	<i>116</i>
<i>Involvement of Public and Private Sectors</i>	<i>117</i>
<i>Coordination of Services with Other Federal and State Programs</i>	<i>117</i>
<i>Training</i>	<i>118</i>
CONSULTATION WITH TRIBES	118
EDUCATION AND TRAINING VOUCHERS (ETV) PROGRAM.....	119
PROGRAM DESCRIPTION	119
ADMINISTRATION OF THE ETV PROGRAM	119
STEPS TO EXPAND AND STRENGTHEN THE ETV PROGRAM.....	120
STATISTICAL AND SUPPORTING INFORMATION	120
INFORMATION ON CHILD PROTECTIVE SERVICE WORKFORCE	120
JUVENILE JUSTICE TRANSFERS.....	122
SOURCES OF DATA ON CHILD MALTREATMENT DEATHS:.....	122
ANNUAL REPORTING OF EDUCATION AND TRAINING VOUCHERS AWARDED	123
INTER-COUNTRY ADOPTIONS:	123
INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE (ICAMA)/ INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC).....	124
FINANCIAL INFORMATION.....	125
PAYMENT LIMITATION: TITLE IV-B, SUBPART 1:	125
PAYMENT LIMITATION: TITLE IV-B, SUBPART 2:	125
FFY 2015 MAINTENANCE OF EFFORT [45 CFR PARTS 1357.15(F)]	126



INTRODUCTION

In response to ACYF-CB-PI-17-05 issued April 10, 2017 by the Administration for Children and Families-Children's Bureau, following is the year-three update of the five-year 2015-2019 Child and Family Services Plan (CFSP). In this document, the Division of Child and Family Services (DCFS) identifies programmatic achievements as well as updates goals and objectives that guide the division as it strives to attain safety, permanency, and wellbeing for children and families in Utah.

In this document DCFS:

- Assesses its performance on the seven child and family outcomes and the seven systemic factors that are part of the Child and Family Services Review (CFSR).
- Identifies major program areas that coordinate the delivery of services to children and families.
- Focuses its goals on improving state performance on CFSR outcomes related to safety, permanency, and well-being.
- Integrates Continuous Quality Improvement (CQI) principles and processes into the planning process.
- Addresses substantial ongoing meaningful involvement of stakeholders, tribes, and courts, all of which have been instrumental in the development of this plan.
- Outlines training activities that are designed to support the child welfare system.

Accomplishments, goals, and activities detailed in this plan relate specifically to the following legislation:

- Stephanie Tubbs Jones Child Welfare Services-Title IV-B Part 1
- Promoting Safe and Stable Families (PSSF)-Title IV-B Part 2, including Monthly Caseworker Visits
- Child Abuse Prevention and Treatment Act (CAPTA)
- Chafee Foster Care Independence Program (CFCIP)
- Education and Training Voucher Program (ETV)
- Adoption and Legal Guardianship Incentive Payments

Other legislation to which this plan pertains includes:

- The Indian Child Welfare Act (ICWA)
- The Indian Self-Determination and Education Assistance Act
- The Multi-Ethnic Placement Act (MEPA)/Inter-Ethnic Placement Act (IEPA)
- The Interstate Compact on Adoptions and Medical Assistance (ICAMA)
- The Interstate Compact on the Placement of Children (ICPC)
- The Fostering Connections to Success and Increasing Adoptions Act of 2008
- Title IV-E Federal Payments for Foster Care and Adoption Assistance
- The CAPTA Reauthorization Act of 2010
- The Patient Protection and Affordable Care Act
- The Child and Family Services Improvement and Innovation Act of 2011
- The Preventing Sex Trafficking and Strengthening Families Act
- The Justice for Victims of Trafficking Act of 2015

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DISTRIBUTION

This document will be distributed to the following agencies or individuals:

- Executive Director-Department of Human Services
- Regional Program Manager-Administration on Children and Families
- Child and Family Program Specialist for Utah-Administration on Children and Families
- Native American tribes located within the State of Utah

It will also be placed online at <http://dcfs.utah.gov/reports/> and will be available to other interested parties at their request.

LEGAL AUTHORITY

The Department of Human Services (DHS) is responsible for the administration of programs and services provided using funding authorized by Titles IV-B, IV-E, and XX of the Social Security Act. The department has designated DCFS as the agency responsible for implementing and providing direct oversight of Title IV-B and Title IV-E programs as well as child abuse prevention services funded through the Child Abuse Prevention and Services Act (CAPTA). As such, DCFS administers federal funds received through the Stephanie Tubbs Jones Child Welfare Services (IV-B Part 1), Promoting Safe and Stable Families (PSSF IV-B Part 2) including Monthly Caseworker Visits, Adoption and Legal Guardianship Incentive Payments, Child Abuse Prevention and Treatment Act (CAPTA), Chafee Foster Care Independence (CFCIP), and Education and Training Voucher (ETV) programs.

The child welfare system in Utah is state administered. DCFS is the lead child welfare agency and provides services throughout the state. The division is responsible for agency planning, collaboration with state legislators, implementation and coordination of federally funded programs, policy development, information system development and maintenance, as well as overall management of child and family welfare programs and services. It is also responsible for establishing standards for all services delivered directly by the division as well as those offered by program and service providers with which it contracts. In addition, the division is responsible for auditing agencies with which it contracts and for ensuring that contract agencies adhere to all program standards and contract stipulations.

MANAGEMENT

The Division Director is the administrative head of the division and can be contacted at:

Division of Child and Family Services
195 North 1950 West
Salt Lake City, UT 84116
Phone: (801) 538-4100

Region Directors, located in five geographically defined regions, lead their regional administrative teams and are responsible for the region's budget, personnel, inter-agency partnerships, and service delivery. Caseworkers and supervisors in each region deliver multiple services to children and families located in the region. Additional services are delivered by private or nonprofit contract providers in accordance with requirements of federal law.

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Two administrative teams coordinate activities and make policy decisions that guide agency programs and services. First, the DCFS State Office Administrative Team meets weekly and is comprised of the Director, two Deputy Directors, Finance Director, SAFE,¹ Evaluation, and Research Director, Director of Professional Development, Director of Out-of-Home Programs and Practice Improvement, Director of In-home Programs, Director of Special Projects, Federal Revenue Manager, Project Manager/Analyst Supervisor, Data Unit/Help Desk Manager, as well as the Contract and Audit Managers. This body has primary responsibility for overseeing state office operations including planning, budgeting, and communications. Second, the State Leadership Team (SLT), consisting of the DCFS State Office Administrative Team and the five Region Directors, meets once per month and is responsible for coordinating statewide operations.

VISION, MISSION, AND PRACTICE MODEL PRINCIPLES

VISION

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MISSION STATEMENT

To keep children safe from abuse and neglect and provide domestic violence services by strengthening families and working with communities.

PRACTICE MODEL

DCFS Practice Model Principles are consistent with child and family services principles specified in federal regulations [45 CFR 1355.25(a) through 1355.25(h)] and guide staff as they provide services that help the agency meet its mission and vision.

Principle One - Protection. Children's safety is paramount; children and adults have a right to live free from abuse.

Principle Two - Development. Children and families need consistent nurturing in a healthy environment to achieve their developmental potential.

Principle Three - Permanency. All children need and are entitled to enduring relationships that provide family stability, belonging, and a sense of self that connects children to their past, present, and future.

Principle Four - Cultural Responsiveness. Children and families are to be understood within the context of their own family rules, traditions, history, and culture.

Principle Five - Partnership. The entire community shares the responsibility to create an environment that helps families raise children to their fullest potential.

Principle Six - Organizational Competence. Committed, qualified, trained, and skilled staff, supported by an effectively structured organization, help ensure positive outcomes for children and families.

¹ The DCFS SACWIS system.



Principle Seven - Professional Competence. Children and families need a relationship with an accepting, concerned, empathetic worker who can confront difficult issues and effectively assist them in their process toward positive change.

PRACTICE SKILLS

Key practice skills have been formulated that "Put Our Values into Action." Those skills include:

- A. Engaging—The skill that caseworkers use to effectively establish a relationship with children, parents, and other individuals who together work to resolve a child or family's child welfare related issues.
- B. Teaming—The skill needed when assembling a group, becoming a member of an established group, or leading a group capable of identifying or supplying resources that can help children and families resolve critical issues. Child welfare is a community effort and requires a team.
- C. Assessing—The skill that helps workers acquire information about critical events or underlying causes that necessitate the need for intervention. During this discovery process workers consider issues to be addressed, identify child or family strengths, and evaluate the child and family's ability to address their needs. Workers also utilize this skill to determine if community resources are available and accessible and if services they provide are capable of meeting a client's needs.
- D. Planning—The skill used by workers whenever they tailor a unique strategy that outlines means to meet the needs of children and families. Planning is conducted in incremental steps that move children and families from where they are to a more effective level of functioning.
- E. Intervening—The skill used by workers to intercede when there becomes a need to decrease risk, provide safety, promote permanence, or ensure the child's well-being.

PRACTICE STANDARDS

Following are general practice standards that cross program boundaries. Together with practice principles and skills these standards help caseworkers understand their roles and responsibilities as they provide services that promote safety, permanency, and wellbeing for every child with whom they have contact.

- A. Service Delivery Standards.
 - 1. Children and families will receive individualized services matched to their strengths and needs as assessed by the Child and Family Team.
 - (a) Prevention services help resolve family conflicts and behavioral or emotional concerns before there is a need for the family to become deeply involved in the child welfare system.
 - (b) In a family where abuse has already occurred, interventions will be developed with the goal of preventing any future incidents of abuse.
 - 2. Services provided to children and families will respect their cultural, ethnic, and religious heritage.
 - 3. Services will be provided in the home-based and neighborhood-based settings that are most appropriate for the child or family's needs.
 - (a) Services will be provided in the least restrictive, most normalized setting appropriate.
 - 4. Meaningful child and family participation in decision-making is vitally important, and all children and family members will have a voice in influencing decisions made about their lives, to the level of their abilities, even when specialized communication services are required.

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- (a) Children and families will be actively involved in identifying their strengths and needs, and in matching services to identified needs.
 - 5. In whatever placement is deemed appropriate siblings should be placed together. When this is not possible or appropriate, siblings should have frequent opportunities to visit each other.
 - 6. When an out-of-home placement is required, children should be placed in close proximity to their family with frequent opportunities to visit.
 - 7. When children are placed in an environment outside of their parent's home, they must be provided with educational opportunities and, where developmentally appropriate, vocational opportunities with the goal of becoming self-sufficient adults.
 - 8. Children receiving services will receive adequate, timely medical and mental health care that is responsive to their needs.
- B. Standards Relating to Child and Family Teams.
- 1. Working within the context of a Child and Family Team is the most effective way to identify and provide services to children and families.
 - 2. Whenever possible, critical decisions about children and families, such as service plan development and modification, removal, placement, and permanency, will be made by a team to include the child and his or her family, the family's informal helping systems, out-of-home caregivers, and formal supports.
 - 3. Child and Family Teams should meet face-to-face periodically to evaluate assessments, case planning, services delivered, and to track progress. When there are domestic violence issues, separate Child and Family Team Meetings may be held.
- C. Standards Relating to Assessments.
- 1. Strengths-based assessments should be produced with attention to:
 - (a) The family's underlying needs and conditions.
 - (b) Engaging the family in developing interventions that address the threats of harm, the protective capacities of the family, and the child's vulnerability.
- D. Standards Relating to Planning.
- 1. Children and/or their family members will be involved in the planning process. The plan will be adapted and changed as the case evolves. The Child and Family Plan:
 - (a) Incorporates input from the family as well as formal and informal supports.
 - (b) Identifies family strengths.
 - (c) Utilizes available assessments.
 - (d) Identifies services that address the family's needs and includes specific steps and services that assist the family in achieving safety, permanency, and the child's well-being.
 - (e) Anticipates transitions.
 - (f) Addresses safety for both child and adult victims.
 - (g) Identifies permanency goals, including, when appropriate, a concurrent permanency goal and plan.

COLLABORATION

For DCFS, and for Utah's broader child welfare system, collaborating with key national, state, and local partners and stakeholders is a way of "doing business." DCFS expects that the key stakeholders and community partners listed below will continue to support Utah's child welfare system and will contribute to the development, refinement, and accomplishment of key agency goals, objectives, and activities included in this plan. DCFS also expects that stakeholders will participate in quality assurance and community resource development activities that support the CFSP, CFSR, and the IV-E child welfare waiver demonstration project.

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COLLABORATION WITH OTHER STATE AGENCIES

During FFY 2018, DCFS will be an integral participant in collaborations that will address requirements listed in the comprehensive HB 239-*Juvenile Justice Amendments* passed by the Utah Legislature during its 2017 legislative session. DCFS expects that agency administrators will work with the Division of Juvenile Justice Services (DJJS) and other organizations dealing with youth offenders in the planning and implementation of this bill. Specifically, DCFS anticipates that it will be required to assist in identifying in-home community-based services that may be available to serve delinquent children—who may no longer be eligible for or require DCFS services—and will help develop performance based contracts to be signed with residential treatment centers that provide care, treatment, and supervision for children with high level behavioral needs.

Other state, county, or local government agencies mentioned in this report with which DCFS coordinates its goals, programs, and services include:

Salt Lake City Housing Authority	Salt Lake County Housing Authority	Utah Department of Health-Fostering Healthy Children
Utah Department of Health-Division of Medicaid Services	Utah Department of Human Services-Division of Substance Abuse and Mental Health	Utah Department of Human Services-Office of Services Review
Utah Department of Human Services-System of Care	Utah Department of Workforce Services	Utah Office of the Attorney General-Children's Justice Centers (CJC)
Utah State Office of Education-Youth in Custody Program	Utah Department of Human Services-Division of Adult and Aging Services-Adult Protection Services	Utah Department of Human Services-Office of Recovery Services

COLLABORATION WITH LOCAL PARTNERS

The DCFS Child Welfare Improvement Council (CWIC), comprised of members representing statewide child welfare services organizations, is the primary alliance involved in joint planning and agency oversight. This year the council developed a process they intend to follow whenever they need to make a recommendation, to DCFS administration, relating to policy or procedural changes they feel will aid in the improvement of programs and services offered to children and families. Also, to coordinate activities that support the administration of DCFS programs and services they created the CWIC Annual Workflow Calendar—a list of activities they intend to address during the year—which they shared and coordinated with DCFS administrators.

Furthermore, the Beaver County community collaborative in the Southwest Region continues to meet regularly, to strengthen the array of substance abuse recovery resources in the county. HomeWorks IV-E child welfare waiver demonstration project flexible funds are being used to support a part-time staff member who provides direct services to clients and supports the work of the community collaborative.

Other private and state organizations mentioned in this report with which DCFS collaborates to accomplish its goals and objectives or evaluate its programs and services include:

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The Adoption Exchange	Allies with Families	Children's Service Society of Utah-GrandFamilies Program
Christmas Box House International	Chrysalis	Foster Families of Utah
Homeless Youth Resource Center	Initiative On Utah Children In Foster Care (IOU).	Private Providers Association of Utah
Primary Children's Hospital-Safe and Healthy Families	Safety Net Utah (an organization that assists people associated with the practice of polygamy)	Southwest Behavioral Health
Turning Point	University of Utah-Social Research Institute	Utah Adoption Council
Utah Association of Family Support Centers	Utah Foster Care Foundation	Utah Head Start Association
Utah Trafficking in Persons Task Force	Utah Youth Futures	Weber State University

COLLABORATION WITH TRIBES

The ICWA Program Administrator, in collaboration with tribal leaders, identifies ICWA compliance related issues and discusses tribal concerns during the quarterly Tribal Leaders Meeting. In cooperation with the Utah State Courts-Court Improvement Project (CIP) and the tribes, the ICWA Program Administrator continues to implement practices and procedures that incorporate the new *Guidelines for State Courts and Agencies in Indian Child Custody Proceedings* and the new Bureau of Indian Affairs ICWA regulations.

Other governmental, tribal, or private partners with which DCFS collaborates to ensure that the state complies with ICWA regulations or to address issues faced by American Indian children and families include:

Casey Family Programs-Indian Child Welfare Program	Salt Lake Indian Urban Center	Urban Indian Center of Salt Lake
Utah Department of Health Bureau of American Indian/Alaska Native Affairs	Utah Department of Heritage and Arts-Division of Indian Affairs	Utah Department of Human Services-Tribal and Indian Issues Committee

Please refer to the [Collaboration with Tribes](#) section for a report on statewide activities.

COLLABORATION WITH COURTS

DCFS expects to collaborate with the Utah State Courts to address requirements in SB 266-*Division of Child and Family Services Appeals*, which establishes time frames for expungement of a division allegation finding and requires the division to make rules regarding expungement of a division allegation finding. In collaboration with the courts, DCFS administrators, including the CPS Program Administrator, will participate in establishing an administrative process and a standard of review that will be followed when a court orders an allegation finding to be expunged, an individual files an expungement request, or when new policies and procedures mandate that an allegation finding be removed from SAFE (the state's SACWIS system).

DCFS is also collaborating with the CIP on the development and implementation of the *Permanency Bench Card*. The bench card is an aid that judges can use to facilitate meaningful dialogue with caseworkers and youth, which ultimately helps judges determine if Individualized Permanency is the best permanency goal for a youth or, in the case where a youth already has a goal of Individualized Permanency, will assist judges as they determine if a that goal should remain in place. Questions incorporated into the bench card focus on the: 1) identification of permanent connections and relationships that the youth can depend on in the future, 2) need to normalize the life of youth while they are in foster care, and 3) provision of services that support the young person as they transition to adulthood.

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In addition, the Kinship Program Administrator collaborated with Office of the Attorney General and juvenile court judges to create a Kinship Placement Report, which will be provided to the court, before the shelter hearing, when a child has been placed in a preliminary kinship placement.

This year, new judges in district and juvenile courts participated in the annual New Judge Orientation. The orientation was a 5-day event that included training and agency presentations that oriented new judges to critical judicial processes and provided information about agencies that routinely interact with the court. During the 2016 orientation, the Director of In-home Programs introduced judges to the DCFS Practice Model, identified division priorities, gave a short presentation on HomeWorks, and provided an overview of the Structured Decision Making (SDM) and the Utah Family and Child Engagement Tool (UFACET) assessments.

COLLABORATION WITH NATIONAL GOVERNMENTAL AND PRIVATE ORGANIZATIONS

The Adoption Program Administrator is a collaborative member of the National Quality Improvement Center for Adoption and Guardianship, which is “working with eight sites that will implement evidence-based interventions or develop and test promising practices that are expected to achieve long-term, stable permanence in adoptive and guardianship homes for waiting children.” Recently, the Program Administrator worked with other collaboration members to explore ways to engage families that have finalized their adoptions by using the benefits of technology.

Building on research and experience that shows that there are multiple challenges to finding and maintaining contact with families post-permanency, the Program Administrator listed several universal and selective means to remain in contact with adoptive families or that have guardianship of the children in their care.

For example, means to stay in contact with parents through technology include:

- Providing parents with monthly text, voicemail, or email alerts.
- Setting up a website that lists conferences and training opportunities and provides other educational resources.
- Initiating a “warm-line” where parents can contact subject experts via text, phone, or email
- Hosting online support groups.
- Coordinating sibling workshops or teen groups through various social media.
- Providing specific information, including material related to cultural or racial issues, via a dedicated phone application.

Other federal government or nationally based organizations with which DCFS collaborates include:

Administration on Children Youth and Families-Children’s Bureau	Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC)	Casey Family Programs
Center for the Study of Social Policy	ChildFocus	Dave Thomas Foundation-Wendy’s Wonderful Kids Program
Donaldson Adoption Institute	Foster Family-Based Treatment Association	Interstate Commission for Juveniles
National Child Traumatic Stress Network	National Council on Criminal and Delinquency’s Children’s Research Center (CRC)	Praed Foundation
Robert Wood Johnson Foundation	Thompson Reuters	



ASSESSMENT OF PERFORMANCE

SAFETY OUTCOMES

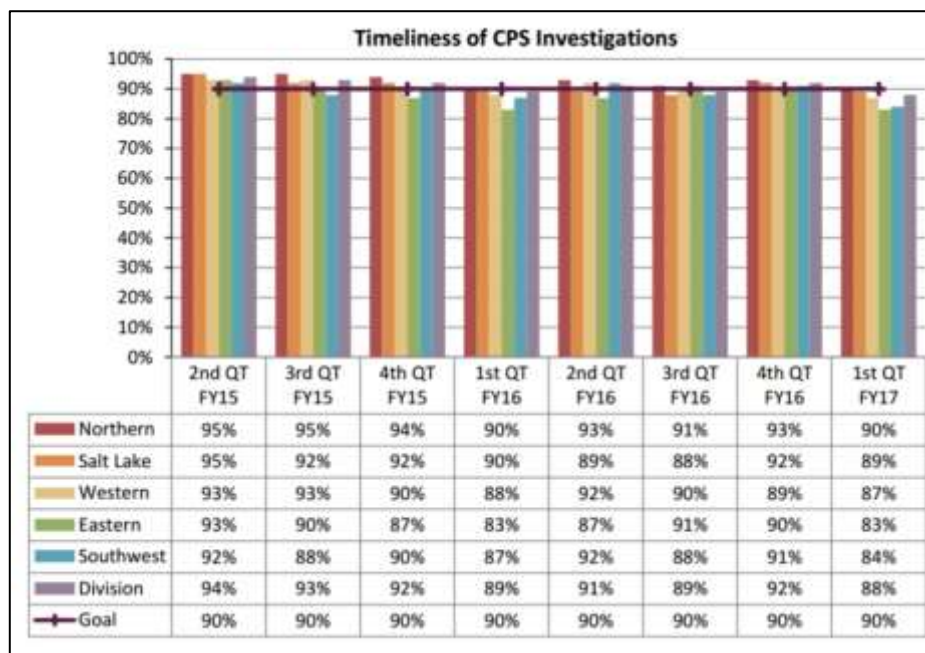
Safety Outcome 1-Children are, First and Foremost, Protected from Abuse and Neglect

Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

Purpose of Assessment- To determine whether responses to all accepted child maltreatment reports received were initiated, and face-to-face contact with the child made, within the timeframes established by agency policies or state statutes.

2010 CFSR Results- With a performance score of 97%, this item was determined to be a strength.

Current Situation- In Utah, a case is considered initiated when a caseworker has face-to-face contact with the child who is the subject of an allegation of abuse and/or neglect and does so in accordance with established timeframes.



The goal in Utah is to meet or exceed this indicator 90% of the time. Over the past several years, the percentage of caseworkers having face-to-face contact within the allotted timeframes has remained above the 90% mark. However, during the 1st quarter of FY 2017, the division experienced a decrease in performance (88%), which may be due, in part, to the release of the new online Child Abuse and Neglect Report (CANR), which caused a delay in transferring cases to workers in the field. This technical problem has been resolved. So, if this was the problem that caused the decrease in performance, scores are expected to improve in the near future.

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Strengths, Concerns, and Future Plans-Utah continues to closely monitor the timeliness of the first face-to-face contact between the investigating worker and an alleged child victim. The report of the recent decline in performance was shared with every region and is being investigated. Nevertheless, since we expect performance to remain strong, we have not allocated additional resources to the provision of timely face-to-face contacts with children.

Safety Outcome 2-Children are Safely Maintained in their Homes Whenever Possible and Appropriate

Item 2-Services Provided to the Family to Protect Child(ren) in the Home and Prevent Removal or Reentry into Foster Care

Purpose of Assessment-To determine whether the agency made concerted efforts to provide services to the family that prevented children's entry into foster care or reentry after a reunification.

2010 CFSR Results-With a performance score of 87.5%, this item was determined to be an Area Needing Improvement. Both in-home and foster care cases were applicable if services to protect the child at home or prevent entry into foster care were needed.

Current Situation-Utah continues to implement HomeWorks, the division's IV-E child welfare waiver demonstration project. The project is designed to provide caseworkers with skills and tools they can utilize as they help children—who have experienced abuse or neglect—remain safely in their homes with their parents.

Specifically, the project is:

- Using the SDM Safety Assessment and SDM Risk Assessment to determine the immediate safety needs and the risk factors in the home. SDM requires caseworkers to adhere to a strict visitation schedule that is based on the assessment of risk of future harm.
- Incorporating the Strengthening Families Protective Factors framework, which provides structure to required visits caseworkers have with families.
- Developing and integrating the Utah Family and Child Engagement Tool (UFACET) assessment, a Child and Adolescent Needs and Strengths (CANS) based assessment that includes a parent guidebook—written in family-friendly language—that identifies the strengths and needs of the family. The UFACET is designed to gather and document, in one place, all of the assessment information obtained from individual assessments conducted by workers or other members of the Child and Family Team.
- Contracting with three statewide providers to deliver STEPS peer parenting services.
- Supporting and strengthening the Child and Family Services Practice Model, which has been in existence for more than 15 years.

As of January 2016, HomeWorks has been implemented statewide. Post implementation support is provided in all five regions during meetings with administrators and supervisors and in the form of on-site mentoring.

The evaluation team from the University of Utah Social Research Institute use observations of caseworkers' interactions with clients to determine if caseworkers have assimilated the UFACET and the protective factors framework into their day-to-day case practice—termed “saturation”—the basic level of competency. The project's evaluators determined that Northern Region attained saturation



during FFY 2015 and determined that the Southwest Region and Salt Lake Valley Region attained saturation in FFY 2017.

In addition to the formal evaluation being conducted, supervisors also utilize data retrieved from SAFE and direct observations of caseworkers practice to promptly assess whether workers are fully understanding and incorporating the Home Works practices.

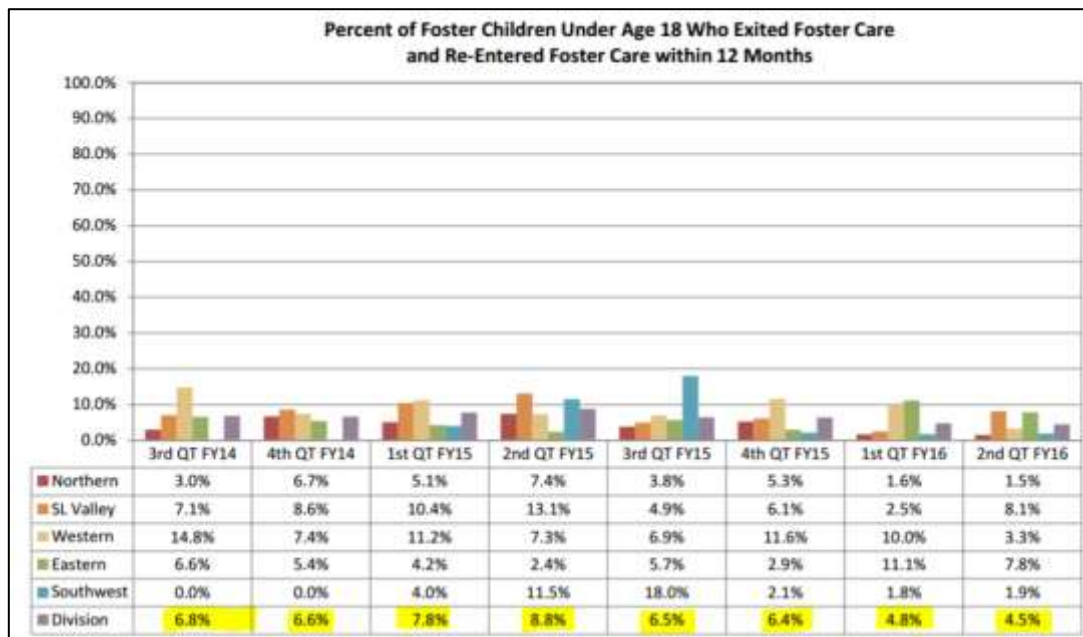
As seen below, Utah meets the national standard for reentry within 12 months. Combining the observed performance score of 6.0% and the Risk Adjustment score of 2.31%, the Standardized Performance totals 8.3%. This places Utah close to the minimum standard. To ensure that we remain above the standard we will, in conjunction with the HomeWorks project, continue to closely monitor our reentry rate.

Re-entry in 12 Months

Cohort: Children entering care in a 12-month period & exiting within 12 months
 12-month period: 11B& 12A

Observed Performance			Risk Adjustment		Risk Standardized Performance (RSP)			RSP Relative to National Standard (NS)			Observed Performance needed to have avoided a PIP (an estimate)			
Denom	Numer	Observed Performance %	Entry Rate	Median Age	Lower CI	RSP	Upper CI	NS	NS Met / Not Met / No Different	Initial PIP Decision	Observed Performance %	Observed performance needed to have avoided a PIP	% point Δ needed (from observed)	Fewer re-entries needed
755	45	6.0%	2.31	6	6.4%	8.3%	10.8%	8.3%	No dif	No PIP				

Since this data is now at least one year old (and possibly more) and no updated scores have been issued by our federal counterparts, the internal data provided below differs from the federal measure in that there is no risk adjustment. The data excludes youth who exited foster care for reasons of emancipation, age of majority, or death; and include only youth under the age of 18 at exit.



As can be seen, the trend is moving in a positive direction with fewer re-entries occurring.

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Strengths, Concerns, and Future Plans-Utah continues to closely monitor reentry of children and youth into foster care but since we expect performance to remain strong, we have will not be allocating additional resources to this item at this time.

Item 3-Risk and Safety Assessment and Management

Purpose of Assessment-To determine whether the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care.

2010 CFSR Results-With a performance score of 83%, this item was determined to be an Area Needing Improvement.

Current Situation-After implementing the SDM Safety Assessment and Risk Assessment tools it became evident that Utah lacked a clear framework for safety planning with families, especially when it was determined that children were “Conditionally Safe.” Safety plans often did not include specific strategies to mitigate identified threats to safety. Workers either did not identify clear strategies that sufficiently managed the threats to safety or attempted to employ strategies that did not eliminate the threat, including developing safety plans that were dependent on responses from the person or persons responsible for the danger.

To correct this anomaly, an enhanced version of the SDM Safety Assessment was created and programmed into the new web-based SAFE. The new SDM Safety Assessment helps workers identify when threats to safety exist. When they do exist, the new assessment prompts workers to identify a household’s readiness for safety planning. If the worker is able to create a safety plan with the family, documentation will show that the child is “Safe with a Plan,” which replaces the term “Conditionally Safe.”

Statewide training and deployment of the enhanced SDM Safety Assessment and safety planning process were completed July 6, 2016. Safety planning follow-up sessions have been held in the regions since the initial training was completed. Legal partners also received training relating to the enhanced safety assessment and safety planning during the Court Improvement Summit held in August 2016.

Maltreatment in Foster Care-Last year, DCFS began evaluating “Maltreatment of Children in Foster Care.” This outcome measure was initiated because a number of children in proctor homes or residential treatment facilities were confirmed to have experienced abuse while in those placements. Generally, the cases concerned incidences of foster children abusing each other.

The federal measure for Utah shows that this is an area needing improvement. Since the former measure of Maltreatment in Foster Care only included maltreatment by foster parents, Utah’s rate did not raise concerns. Now that it includes abuse by anyone, including other youths in the home or facility and abuse during a home visit, Utah’s rate is clearly more of a concern. The most recent CFSR data indicator shows the observed rate of 9.2% is above the national standard of 8.5%. Even more of a concern is the rise of the rate to 13.27% when the risk adjustment is added, which is significantly above the standard. In terms of actual numbers, 19 fewer victimizations were needed to avoid a PIP.



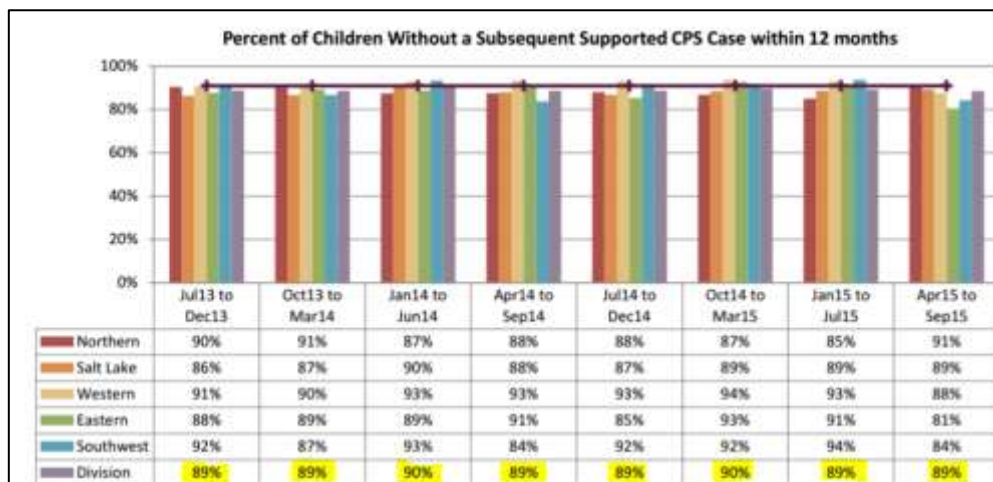
Maltreatment in Foster Care																			
Cohort: Children in foster care during a 12-month period																			
12-month period: FFY 2013																			
	Observed Performance				Risk Adj.	Risk Standardized Performance (RSP)				RSP Relative to National Standard (NS)			Observed Performance needed to have avoided a PIP				PIP		
	Served	Denom	Numer	Observed Performance		Median Age	Lower CI	RSP	Upper CI	NS	Met/Not Met / No Different	Initial PIP Decision	Observed Performance	(on estimate)			8.3	8.4	7.38
														Observed performance needed to have avoided a PIP	% point Δ needed (from observed)	Fewer recurrences needed			
UT	4580	950650	84	8.84	9	10.38	12.83	15.87	8.04	Not met	PIP	8.84	6.76	-2.08	-20	10.28	10.16	8.84	
revised May 16 UT	4525	934655	86	9.20	9	10.76	13.22	16.37	8.3	Not met	PIP	9.20	7.18	-2.02	-19	10.48	11.21	9.20	

Utah is still working to replicate this data so that we can more closely identify where to target interventions. It should also be noted that issues identified in last year's APSR relating to the accuracy of information that caseworkers place in the "Date of Incident" data field in the Child Abuse and Neglect Report (CANR) have been resolved. Prior to the fix, workers could not select a date prior to the current investigation. Now workers can enter the actual date of the incident (or estimated date) so the date of the incident is more accurately reflected.

Recurrence of Maltreatment-Utah does not meet the standard relating to "Recurrence of Maltreatment." When this data was pulled, the observed performance fell almost right on the standard of 9.2%. But, with the risk adjustment added, the score increased to 12%, which is significantly higher than the national standard. At the time the data was pulled, Utah would have needed to experience 168 fewer recurrences of repeat maltreatment.

Recurrence of maltreatment																	
Cohort: Victims of a substantiated or indicated maltreatment report in a 12-month period																	
12-month period: FFY 2012																	
	Observed Performance			Risk Adj.	Risk Standardized Performance (RSP)				RSP Relative to National Standard (NS)			Observed Performance needed to have avoided a PIP				PIP	
	Denom	Numer	Observed Performance		Lower CI	RSP	Upper CI	NS	Met/Not Met / No Different	Initial PIP Decision	Observed Performance	Observed performance needed to have avoided a PIP	% point Δ	Fewer recurrences needed	0.0018324	0.0017402	0.0016962
UT	9473	873	9.2%	7	11.4%	12.1%	12.9%	9.0%	Not met	PIP	9.2%	7.3%	-1.9%	-181	8.2%	8.0%	9.2%
revised May 16 UT	9473	873	9.2%	7	11.3%	12.0%	12.8%	9.1%	Not met	PIP	9.2%	7.4%	-1.8%	-168	8.2%	8.0%	8.3%

The following graph shows more contemporary data on Recurrence of Maltreatment, as measured internally. It does not include a risk adjustment since Utah is unable to replicate this calculation.



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Our data shows a relatively constant rate of 89% of children who do not experience another episode of maltreatment within 12 months, which means about 11% who do. Recent data (not included in the graph above) suggest that the rate continues to remain around 11%. Clearly, this is above the National Standard of 9.1%. A recently created report now permits supervisors to pull their own data and identify their own cases where Recurrence of Maltreatment has been confirmed. This should allow supervisors to analyze possible causes of recurrence. It will also allow administration to analyze possible root causes of this trend.

To better measure DCFS staff adherence to SDM Safety Assessment and Risk Assessment recommendations, a new question was added to the Case Process Review (CPR). The question asks, *"If the most recent SDM Safety Assessment and SDM Risk Assessment recommended ongoing services, was a DCFS case opened within 30 days of CPS case closure (if later than 30 days, were there valid reasons for the delay)?"*

While the SDM Safety Assessment and Risk Assessment provide guidance that caseworkers use when making decisions about keeping children home—with or without services—or taking a child into custody, caseworkers are allowed to deviate from these recommendations as long as the reasons are valid and well documented. This new CPR question aims to measure how well staff follow the SDM recommendations and, if they chose not to, whether these decisions are well documented. The preliminary results show a performance of 100%, with only one out of 134 cases out of compliance. DCFS will review the results in detail to determine whether or not this test question is useful and should remain part of the CPR.

Type & Tool #	Question	Sample	Yes	No	EC-na	EC	NA	GOAL	Performance Rate (%) FY 2017	2016	2015	2014	2013
General CPS													
CP5G-2a Test Question	If the most recent SDM Safety Assessment and SDM Risk Assessment recommended ongoing services, was a DCFS case opened within 30 days of the CPS case closure (if later than 30 days, is an explanation documented?)	134	133	1		0	0	90%	100%	NA	NA	NA	NA

Finally, as recommended in an interim study conducted in 2015, the legislature passed Senate Bill 158 during its 2016 Legislative Session which changed the definition of sexual abuse in the Judicial Court Act 78A-6-105. Sexual abuse is now defined as:

- (a) an act or attempted act of sexual intercourse, sodomy, incest, or molestation by an adult directed towards a child;
- (b) an act or attempted act of sexual intercourse, sodomy, incest, or molestation committed by a child towards another child if:
 - i. there is an indication of force or coercion;
 - ii. the children are related, as defined in Subsections (20)(a) and (20)(b);
 - iii. there have been repeated incidents of sexual contact between the two children, unless the children are 14 years of age or older; or
 - iv. there is a disparity in chronological age of three or more years between the two children; or
- (c) engaging in any conduct with a child that would constitute an offense under any of the following, regardless of whether the person who engages in the conduct is actually charged with, or convicted of, the offense:
 - i. Title 76, Chapter 5, Part 4, Sexual Offenses, except for Section 76-5-401, if the alleged perpetrator of an offense described in Section 76-5-401 is a minor;
 - ii. child bigamy, Section 76-7-101.5
 - iii. incest, Section 76-7-102;



- iv. lewdness, Section 76-9-702
- v. sexual battery, Section 76-9-702.1
- vi. lewdness involving a child, Section 76-9-702.5; or
- vii. voyeurism, Section 76-9-702.7

Strengths, Concerns, and Future Plans-Unless information relating to a reported incident of sexual abuse meets the criteria above it will not be accepted for investigation. Therefore, as a result of this new legislation we expect to see a decrease in the number of cases involving sexual abuse and a subsequent reduction in CPS caseloads.

PERMANENCY OUTCOMES

Permanency Outcome 1-Children Have Permanency and Stability in their Living Situations

Item 4-Stability of Foster Care Placement

Purpose of Assessment-To determine if the child in foster care is in a stable placement and that any changes in placement that occurred were in the child's best interest.

2010 CFSR Results-With reviewers finding only 47.5% of children in cases reviewed experiencing stability, this item was determined to be an Area Needing Improvement. The data showed that children involved experienced multiple placement changes and that in many of those cases at least one placement change was unplanned. In addition, some placements were deemed to be unstable at the time of the review.

Current Situation-The QCR indicator for placement stability finds stability acceptable if a child has experienced no more than one unplanned placement change in the past 12-months AND if there is no risk of disruption in the current placement OR services are provided to minimize the risk of disruption.

The performance rate for this indicator has improved from a low of 67% in SFY 2010 to a high of 82% in 2015. The preliminary score for this year's QCR (SFY '17) shows Stability at 78%. The 2017 result, however, is still preliminary and could possible move up or down by approximately 1%.

Qualitative Case Review (QCR) FY2017								
	2010	2011	2012	2013	2014	2015	2016	2017
Stability	67%	77%	76%	77%	81%	82%	77%	78%

As can be seen in the table below, the CFSR data indicator for Placement Stability was blank as there were quality concerns with the AFCARS data submission for this indicator. No new data has been sent to Utah since.

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Placement Stability															
Cohort: Children entering foster care in a 12-month period															
12-month period: 13B & 14A															
Observed Performance					Risk Adj.	Risk Standardized Performance (RSP)			RSP Relative to National Standard (NS)			Observed Performance needed to have avoided a PIP			
												(an estimate)			
Entries	Denom	Num	Observed Performance	Median Age	Lower CI	RSP	Upper CI	NS	NS Met/Not Met	Initial PIP Decision	Observed Performance	Observed performance needed to have avoided a PIP	3 point Δ needed (from observed)	Fewer moves needed	
UT	Excluded due to data quality					Excluded due to data quality			Excluded due to data quality						
revised Mar 16 UT	Excluded due to data quality														

The internal process to measure placement stability has not yet been replicated. Therefore, below is the stability data from the ACF report: *Utah's Data for Child Welfare Outcomes 2011–2015: Report to Congress* (based on AFCARS data). This represents the placement stability measurement; not the results using the new CFSR data indicator. This is the most recent data sent to Utah by ACF. It mirrors the new data measure more closely since only the placement stability of children in care less than 12 months is shown. Based on this report, the proportion of children with 3 or more placements has actually decreased in the last three years, which is an encouraging trend. The new CFSR placement stability measure, however, is expected to show placement stability in Utah in a less favorable light.

Number of Placements by Time in Care (%)					
	In Care Less Than 12 Months				
	2011	2012	2013	2014	2015
Children with 2 or fewer placements	80.1	78.5	76.1	73.3	78.2
Children with 3 or more placements	17.7	20.8	23.3	26.2	21.4
Missing Placement setting counts	2.2	0.7	0.6	0.4	0.4

Strengths, Concerns, and Future Plans—Placement Stability is an area where DCFS struggles and where it is necessary to allocate additional time and resources. In order to record accurate placement stability data, we are currently working on changing the placement module in SAFE, which should address many of the data collection issues. Replicating the new federal measure on placement stability is another goal.

In addition, over the past year, Child and Family Services assigned a program administrator to three special projects, Trauma, Systems of Care, and Community Resources. The trauma component includes an initiative to be pursued by the Trauma Development Team that will isolate the points—during a child’s involvement with the child welfare system—where a child could be traumatized or re-traumatized.

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To help develop this “critical pathway,” during FFY 2016, the team met with a group of foster parents to pinpoint possible trauma events that may affect children in foster care as well as distinguish what they, as foster parents, might do to reduce the effects of trauma on the child or children they care for. Also during FFY 2016, the team met with a group of youth in foster care and discussed these same issues. As of the end of FFY 2017, all focus groups have been completed.

In the future, the Trauma Development Team will use the results of these focus groups to determine how the division can help caseworkers and foster parents understand trauma and its effects on children. The team believes that placement stability outcomes will improve when they have a better understanding of the issues, as they develop clear and concise protocols that protect children, and once they increase services that treat children that have experienced traumatic events or that have been re-traumatized as a result of entering custody.

Therefore, the next step is to update current policy so that it is trauma informed. Caseworkers will then be able to use these updated policies to avoid situations where children in foster care may experience new trauma or where they may be re-traumatized.

DCFS has also started providing trauma training to all DCFS employees. The training specifically focuses on how trauma affects both staff working with clients (secondary traumatic stress and compassion fatigue) and how trauma manifests in clients, both parents and children. Training provided to foster parents includes a trauma component, which in the future will be enhanced so that it better connects information related to trauma to the importance of placement stability.

Finally, with the hypothesis that placement stability will increase as the agency provides more support to new foster parents, DCFS is working with the Utah Foster Care Foundation to pilot a foster parent mentoring program in the Salt Lake Valley Region. In essence, this new program will formalize a supportive relationship between more experienced foster parents and new foster parents. If the program is successful and is determined to be helpful to foster parents, it will be expanded statewide.

Item 5-Permanency Goal for Child

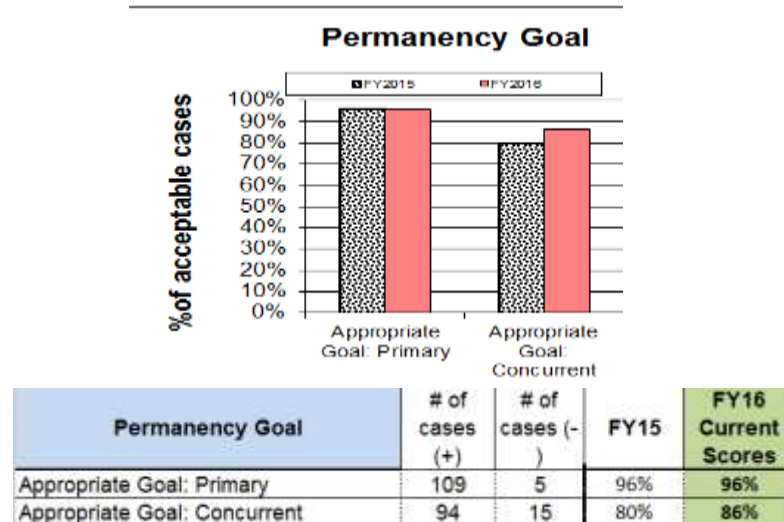
Purpose of Assessment-To determine whether appropriate permanency goals were established for the child in a timely manner.

2010 CFSR Results-With 77.5% of the applicable cases meeting the standard, this item was determined to be an Area Needing Improvement. Two of the three review sites performed substantially better (90% and 85%) than the third (50%). Reviewers determined that the appropriateness of the goal was a factor in seven of the cases rated Area Needing Improvement while timeliness was a factor in five of the cases. Agency efforts to seek termination of parental rights in accordance with standards outlined in the Adoption and Safe Families Act was a factor in three cases. Failure to document compelling reasons for **not** seeking the termination of parental rights was the most notable factor.

Current Situation-A question was added several years ago to the QCR to measure appropriateness of primary and concurrent permanency goals. That question asks “Were all primary and concurrent permanency goals (as of the day of the review) appropriate to the target child’s need for permanency and the circumstances of the case?”



The preliminary QCR data for FY 2016 is shown in the table below:



While the percent of cases with an appropriate primary goal has remained at 96% there is clear improvement in the appropriateness of the concurrent goal (from 80% to 86%).

During the second round of the CFSR the practice of requiring concurrent goals in every case was identified to be a flaw in our practice. Therefore, two years ago changes were made to Utah Code that helped address some of the issues identified. Before these changes, state statute required that there be a concurrent permanency goal for all foster care cases, regardless of the primary goal. So, in cases where the primary goal was Individualized Permanency (synonymous with the Another Planned Permanent Living Arrangement (APPLA) permanency goal), caseworkers and the courts had to assign a concurrent goal, even though Individualized Permanency is supposed to be the goal of last resort. Similarly, the change applies to the adoption permanency goal for which identifying a concurrent permanency goal is pointless. In such cases the best course of action is to look for an adoptive family until the right one is found.

Legislation went into effect on May 11, 2015 that stipulates that a concurrent permanency goal is required only when appropriate. To comply with new federal regulations, a subsequent bill was passed during the 2016 legislative session that limits the use of the Individualized Permanency goal for children in foster care age 16 years and younger.

As a result, during FFY 2016, DCFS worked tirelessly to change goals for children under age 16 who had a primary goal of Individualized Permanency. Today, according to SAFE (SACWIS) reports, there are now no children under 16 with this goal.

Strengths, Concerns, and Future Plans-Supplemental training will continue to be provided to ensure that caseworkers and legal partners understand the changes in state statute that specify that caseworkers only need to identify a concurrent goal in the permanency plan “when appropriate” as well as changes that restrict the use of the Individualized Permanency goal.



Item 6-Achieving Reunification, Guardianship, Adoption, or OPPLA

Purpose of Assessment-To determine whether concerted efforts were made, or are being made to achieve reunification, guardianship, adoption, or other planned permanent living arrangements.

2010 CFSR Results-This is a new review element.

Current Situation-A question was added to the QCR several years ago to track this item. However, after using this question for a year, the measure was dropped from the review because of reviewer reliability issues and substantial differences between the two reviews (QCR and CFSR), which have a different focus, have incongruent review periods, and utilize dissimilar scoring systems.

The QCR does, however, contain a question similar to Item 6, called “Prospects for Permanence,” which goes beyond the “concerted efforts” of Item 6, and instead reviews whether permanency was achieved. In order for a case to receive an acceptable permanency score, the child has to either achieve legal permanency or, with a strong plan, be in reach of doing so. The chart below shows the trend line is going in the right direction. Even though this year’s (FY 2017) preliminary QCR results show a slight decline, the result for FY 2016 of 70% (which still seems low) is an encouraging result since the criteria for an acceptable score is much stricter.

Child Status	FY12	FY13	FY14	FY15	FY16
Safety	91%	95%	97%	89%	90%
Stability	76%	77%	81%	82%	77%
Prospect for Permanence	65%	58%	68%	68%	70%
Health/Physical Well-being	97%	99%	99%	98%	98%
Emotional/Behavioral Well-being	83%	89%	93%	91%	88%
Learning	89%	91%	92%	93%	91%
Family Connections	83%	86%	87%	83%	91%
Satisfaction	92%	87%	91%	84%	85%
Overall Score	86%	91%	95%	86%	87%

On the brighter side, Utah met the standard for each of the three data indicators that rate the system’s ability to attain permanency in a 12 month period. The first table shows permanency achievement for children in care less than 12 months. The second table (on the following page) shows permanency achievement for children in care 12-23 months. And, the third table shows permanency achievement for children in care 24 months and longer. This last group of children clearly is the most difficult to move towards permanency.

Re-entry in 12 Months											
Cohort: Children entering care in a 12-month period & exiting within 12 months											
12-month period: 11B& 12A											
	Observed Performance			Risk Adjustment		Risk Standardized Performance (RSP)			RSP Relative to National Standard (NS)		
	Denom	Numer	Observed Performance	Entry Rate	Median Age	Lower CI	RSP	Upper CI	NS	NS Met / Not Met / No Different	Initial PIP Decision
UT	760	44	5.8%	2.26	6	5.9%	7.7%	10.1%	8.3%	No dif	No PIP
UT	755	45	6.0%	2.31	6	6.4%	8.3%	10.8%	8.3%	No dif	No PIP



Permanency in 12 months											
Cohort: Children in care 12-23 months as of the 1st day of a 12-month period											
12-month period: 138 & 14A											
		Observed Performance			Risk Adj.	Risk Standardized Performance (RSP)			RSP Relative to National Standard (NS)		
		Denom	Numer	Observed Performance		Lower CI	RSP	Upper CI	NS	NS Met/Not Met	Initial PIP Decision
	UT	519	265	51.1%	11	52.0%	56.5%	61.0%	43.7%	Met	No PIP
	Revised May/16 UT	517	265	51.3%	11.00	0.517	56.2%	60.6%	43.6%	Met	No PIP

Permanency in 12 months											
Cohort: Children in care 24 months or more as of the 1st day of a 12-month period											
12-month period: 138 & 14A											
		Observed Performance			Risk Adj.	Risk Standardized Performance (RSP)			RSP Relative to National Standard (NS)		
		Denom	Numer	Observed Performance		Lower CI	RSP	Upper CI	NS	NS Met/Not Met	Initial PIP Decision
	UT	428	97	22.7%	15	28.7%	33.6%	39.1%	30.3%	No dif	No PIP
	Revised May/16 UT	423	97	22.9%	15	28.8%	33.7%	39.2%	30.3%	No dif	No PIP

DCFS regional committees review these cases on a regular basis as do the courts, which conduct court reviews every three months to review permanency options. In addition, DCFS expanded services delivered under the Wendy's Wonderful Kids recruiter contract and now has four full time staff helping DCFS find permanent families for children that have been in foster care for an extended period of time. Clearly, the shift over the last few years, where staff focuses heavily on finding permanency for all children in care, is paying off.

Strengths, Concerns, and Future Plans-The agency will continue efforts to reduce the time children are in out-of-home care, which will directly impact the success of the IV-E child welfare waiver demonstration project.

Specifically, the agency is considering implementing or expanding the following:

- Therapeutic Foster Care-DCFS is currently exploring ways to add this level of care to our current out-of-home placement options. The division has hired a consultant as well as formed a workgroup to explore adding the Therapeutic Foster Care option to the State Medicaid Plan. DCFS plans to test Therapeutic Foster Care for children who would otherwise be served in a residential treatment setting or for those that are stepping down from a residential treatment setting. After a pilot of approximately 18 months to three years, the division will assess the costs and benefits of this level of care and evaluate the safety, permanency and well-being outcomes for children served.
- Wendy's Wonderful Kids (WWK)-The Dave Thomas Foundation for Adoption developed this evidenced-based program to recruit permanent families for children in foster care who, due to age, difficult behavior, disabilities, or who are members of a sibling group may need additional focused efforts to obtain a permanent family. The Dave Thomas Foundation for Adoption donated one WWK recruiter to Utah in 2010 and another in the fall of 2014. The latter was contingent upon an agreement whereby DCFS will pay for two additional recruiters. The four WWK recruiters now work closely with DCFS staff throughout the state to provide intensive, child specific recruitment for children who linger in foster care and, as of March 31, 2017, are working with 46 children for whom no permanent family has been

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identified. 41 of the 61 youth served since the program began in Utah have been matched with a family and 10 adoptions have been finalized.

- High Needs Work Group-The High Needs Work Group has been tasked with identifying issues that continue to be a barrier to finding appropriate placements for children that exhibit both high behavioral needs as well as high mental health needs. These young people have frequent acute care episodes, have experienced trauma, and may be dually-adjudicated. The division has struggled to find treatment providers that will either accept a youth with these exceptionally high needs or that even have the skills to provide the needed level of care.
- Permanency Bench Card-The Permanency Bench Card is a joint effort between DCFS and the Court Improvement Project. The bench card is an aid that judges can use to facilitate meaningful dialogue with caseworkers and youth, which ultimately helps judges determine if Individualized Permanency is the best permanency goal for a youth or, in the case where a youth already has a goal of Individualized Permanency, will assist judges as they determine if a that goal should remain in place. Questions incorporated into the bench card focus on the: 1) identification of permanent connections and relationships that the youth can depend on in the future, 2) need to normalize the life of youth while they are in foster care, and 3) provision of services that support the young person as they transition to adulthood. It will also help judges as they try to ensure that the ramifications of the goal of Individualized Permanency are considered thoroughly by the Child and Family Team and that the goal is not used frivolously.
- Transition to Adult Living Utah Family and Child Engagement Tool (TAL UFACET)-Utah participated in National Youth Transition Database On-site Review in 2016 and had several conversations with our federal partners from the Children's Bureau about the way Utah assesses the skills of a young person and delivers services identified on the assessment. Currently, Utah utilizes the Casey Life Skills Assessment but wants to move to an assessment tool that is evidenced-based and consistent with our Practice Model assessment process. The TAL UFACET is a new version of the CANS based assessment tool—developed in conjunction with the HomeWorks IV-E child welfare waiver demonstration project—that will be introduced to staff in 2018. The TAL UFACET focuses on the NYTD data elements, will incorporate the Center for the Study of Social Policy's (CSSP) Youth Thrive Promotive and Protective Factors Framework, and is a direct response to the growing concern that young people leaving foster care do not have the supports or skills necessary to live successfully as adults.
- Pathways to Adoption-Pathways is an eight-hour parent training required for all parents who want to adopt a child from foster care. Training is required prior to adoption but is best if attended at the time the first child placed in a home. The intent of the training is to better prepare families to parent child(ren) who have experienced trauma and/or may have fetal drug or alcohol exposure. The classes: 1) provide education about how trauma and fetal exposure to drug and alcohol affect early brain development, 2) explore what survival behaviors look like and how a parent can effectively address the behaviors, 3) facilitate parents understanding of a child's grief and loss and the need for family connections, and 4) help parents realize the importance of self-care and provide them with information about community resources that can help when adversities occur. The classes are taught by experienced DCFS workers who provide support to potential adoptive families and whom adoptive families can call for help after the adoption is finalized. In addition, parent-to-parent support—between families attending the training—is expected to transpire as an outgrowth of the training. DCFS will actively evaluate the outcomes of this training and data will be reviewed to determine if child stability improves for foster families who have attended the training.



Permanency Outcome 2-Continuity of Family Relationships and Connections is Preserved for Children

Item 7-Placement with Siblings

Purpose of Assessment-To determine if concerted efforts were made to ensure that siblings in foster care were placed together unless a separation was necessary to meet the needs of one of the siblings.

2010 CFSR Results-With a performance score of 76%, this item was determined to be an Area Needing Improvement.

Current Situation-For several years, the following was a review question asked during the QCR:

“Was the child placed with siblings who were also in foster care?”

This question was eliminated this year in lieu of implementing the actual Onsite Review Instrument (OSRI) review. According to the last data—collected prior to eliminating the question—the trend seemed to be headed in the right direction with more cases of siblings placed together each year. Last year, when siblings were not placed together, the question asking if there was a valid reason for the separation of siblings was answered “Yes” in all but one case.

Item 7 Ratings Summary			
Strength	Area Needing Improvement	Not Applicable	Total
20	0	13	33

Reports should be considered preliminary until all cases are finalized.

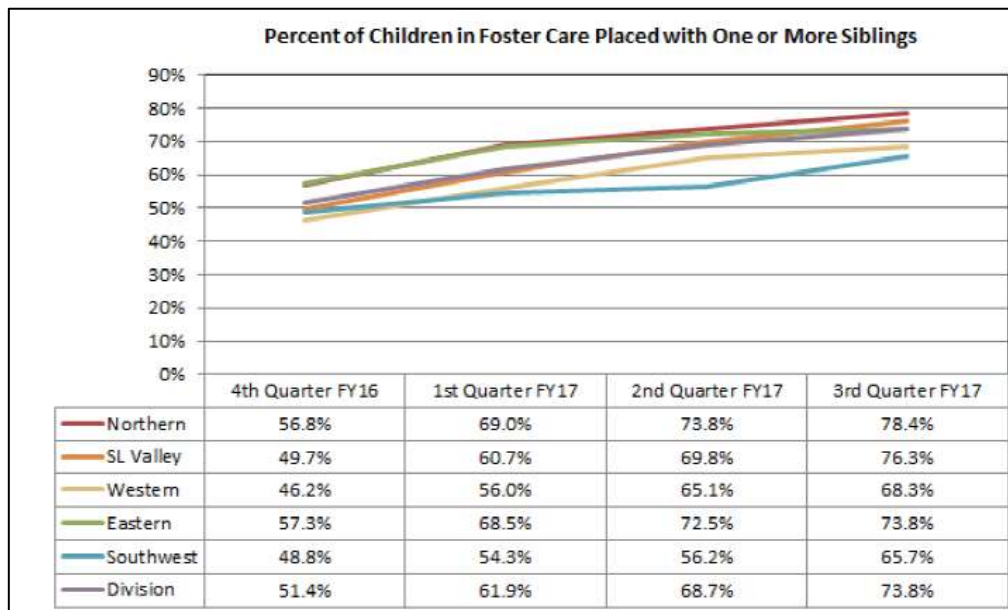
This year, the preliminary results of the 33 foster care cases completed using the OSRI tool (in-home cases are not scored for this item), shows that item 7 was a strength. Twenty cases were applicable. Of those, 12 cases had siblings placed together in the same placements. All eight cases that didn't, however, had “Yes” recorded for the question about valid reasons for the child's separation from his or her siblings. It is important to note that this is the first year the agency is using the OSRI tool.

Placing siblings together is one of the agency's top priorities. Practice guidelines require caseworkers to place siblings together unless there is a safety concern. In Utah— which ranks number 1 in the United States in General Fertility Rate (GFR) and where 31% of the population are children (compared to 23% nationwide)—large groups of siblings are common. Placing them all together is a challenge.

In addition, during SFY 2014, the state legislature passed a bill that increased the number of children a foster family can foster at one time and allows for the fostering of an unrelated child in the home if there is a large sibling group that the resource family is willing to foster. In the most recent legislative session additional legislation was enacted that allows the placement of siblings together if the foster home has reached the allowable child limit and after an adoption has occurred.



To monitor practice, in early 2014 DCFS added an element to its SAFE data management system that requires caseworkers to document, at each placement change, whether the child was placed with one or more siblings. If a child is not placed with a sibling, the caseworker must document their reason for their decision and include the safety or wellbeing issue that prevented a placement with a sibling. Initially, the SAFE system was not set up to differentiate between an only child and a child who has siblings in custody. To correct this anomaly, last year the SAFE Project Team added a data field that allows workers to enter a response if a child has no siblings in care, which ensures that the case is excluded from the results.



The chart above shows the percentage of children in care within each quarter for whom the “placed with sibling” indicator was selected by caseworkers when the child entered their most recent placement. It does not include whether there were valid reasons for the separation of the siblings.

Based on this data, 74% of all children are currently placed with one or more siblings. The numbers are expected to continue to improve as more of the placements recorded in SAFE are entered with correct data and fewer children are in placements that pre-date last year’s changes to the data field.

Strengths, Concerns, and Future Plans-While no additional resources will be allocated to this item at this time, DCFS will continue to monitor the placement with siblings and the effect that the new legislation has on casework practices. Also, additional data will be added to the Quarterly Report that will document reasons why siblings were not placed together and why the placement chosen was the most appropriate.

Item 8-Visiting with Parents and Siblings in Foster Care

Purpose of Assessment-To determine if concerted efforts were made to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity of the child’s relationship with these family members.

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2010 CFSR Results—This item was determined to be an Area Needing Improvement with reviewers finding that in only 55% of the cases had the agency made concerted efforts to ensure that visitation was of sufficient frequency to meet the needs of the family. The data further showed that visitation with mothers and siblings scored significantly higher than with fathers.

Current Situation—DCFS Practice Guidelines state that, unless contact is documented to be clinically contraindicated, purposeful and frequent visitation with parents and siblings is a child’s right and not a privilege; not something to be earned or denied based on the behavior of the child or parent. A Family Visitation Plan—located in SAFE—is an integral part of the Child and Family Plan. Evidence of the Family Visitation Plan is reviewed during each region’s annual CPR. The questions asked include:

- “Was the child provided the opportunity to visit with his/her mother weekly, OR is there an alternative visitation plan?”
- “Was the child provided the opportunity to visit with his/her father weekly, OR is there an alternative visitation plan?”
- “Was the child provided the opportunity to visit with his/her siblings weekly, OR is there an alternative visitation plan?”

In December 2013, DCFS added an area to the SAFE Family Visitation Plan where the worker must record how and when sibling visits will occur. The recommended practice is that contacts occur at least monthly, whether or not visits with parents are occurring. If visits are not conducted on a regularly scheduled basis, the SAFE Family Visitation Plan allows workers to identify other arrangements that will ensure that ongoing interactions between siblings occur. If there is to be no contact between the siblings, then the worker must record the safety or well-being issue that prevents siblings from having ongoing interaction or visitation.

The 2016 CPR produced the following results.

Type & Tool #	Question	Sample	Yes	No	EC	NA	GOAL	Performance Rate (%) FY 2016	2015	2014	2013	2012	Precision range
IV.5.a	Was the child provided the opportunity to visit with his/her mother weekly, OR is there an alternative visitation plan?	99	97	2	0	35	85%	98%	94%	96%	92%	93%	2.3%
IV.5.b	Was the child provided the opportunity to visit with his/her father weekly, OR is there an alternative visitation plan?	65	60	5	0	69	85%	92%	92%	85%	75%	87%	5.4%
IV.6	Was the child provided the opportunity for visitation with his/her siblings weekly OR is there an alternative visitation plan?	29	21	8	0	105	85%	72%	89%	94%	89%	90%	13.7%

It should be noted that the CPR does not measure whether or not visits are occurring or assess the quality of the visits but monitors if there is a visitation plan in place for the child. While the results of visitation plans with mothers and fathers continue to meet the goal there was a drop from 89% to 72% in the number of cases where children had weekly visits with their siblings. The low number of applicable cases (29 cases) reduces the precision of the measure. While the reason for the low case count is unknown, we believe that it may be due to fewer sibling groups being placed separately and hence fewer cases requiring a visitation plan. Preliminary data for FY 2017 indicate that sibling visitation has improved significantly (though again, with the small number of applicable cases— 33 cases— the precision range is wide). On the other hand, recent results also unfortunately show a decline in visitation with fathers.



Likewise, in the QCR, the indicator entitled “Family Connections” measures if the child’s family relationships and connections are being maintained through appropriate visits, or other connecting strategies, while the child is in foster care. The indicator is broken down into connection with mother, father, siblings and others.

Family Connections	2012	2013	2014	2015	2016	2017
Overall Score	83%	86%	87%	83%	91%	84%
Siblings	84%	83%	78%	85%	91%	75%
Mother	84%	83%	88%	69%	92%	76%
Father	51%	72%	88%	74%	80%	63%
Other	85%	88%	100%	81%	73%	75%

The preliminary results for FY 2017 show a decline from last year’s score, which was the highest score achieved since OSR introduced this indicator in SFY 2012. The overall Family Connection score went from 91% to 84% while the maintaining connections with the father score declined to 63%.

Finally, a section was added to the UFACET that formally assesses the quality of visitation between a parent and a child when the child is in foster care. Using the UFACET, the worker assesses:

1) whether the parent is attending and staying for the entire visit, 2) the quality of the parent/child interaction during visits, and 3) whether the parent is demonstrating appropriate parenting skills with each child in foster care. The UFACET also assesses the overall pattern of behavior of the parent during visits but is not required after each visit. While data relating to these new measures are not available, it is being collected whenever foster care cases are updated.

Strengths, Concerns, and Future Plans-The division’s performance on both the Visitation Plan and Family Connection measures certainly has room for improvement. Over the next few years DCFS will report on the quality of visits and will use this information to create additional guidelines relating to the frequency and quality of visits between parents and children, which will help facilitate reunification efforts.

Item 9-Preserving Connections

Purpose of Assessment-To determine whether concerted efforts were made to maintain the child’s connections to his or her neighborhood, community, faith, extended family, tribe, school, and friends.

2010 CFSR Results-With reviewers finding that in 74% of the cases the agency had made concerted efforts to maintain the child’s connections with extended family, culture, religion, community, and school, this item was determined to be an Area Needing Improvement.

Current Situation-In previous years, the QCR included questions that measure this item. These questions were eliminated this year in lieu of completing the actual OSRI review. According to the last data collected in the 2015 QCR, prior to eliminating the question, 86% of the cases had a “Yes” on the question about efforts to maintain the child’s connections to siblings not in care and extended



family (91 applicable cases). On the question about maintaining the child's connection to school, 72% of cases recorded a “Yes” answer but the number of applicable cases was much smaller.

This year, the preliminary results of the 33 foster care cases completed using the OSRI tool (in-home cases are not scored for this item), shows a strong performance on item 9. Thirty-two cases were applicable on the first question: “Were concerted efforts made to maintain the child’s important connections (for example, neighborhood, community, faith, language, extended family members including siblings who are not in foster care, tribe, school, and/or friends)?” Of those 32 cases, 29 had a “Yes” and three had a “No” answer. It is important to note that this is the first year we’re using the OSRI tool.

Item 9 Ratings Summary			
Strength	Area Needing Improvement	Not Applicable	Total
29	3	1	33
Reports should be considered preliminary until all cases are finalized.			

As noted in the [Collaboration with Tribes](#) section in this report, there are eight federally recognized Native American Tribes in Utah. Utah has current MOUs or an Intergovernmental Agreement (IGA) with five tribes (Confederated Tribes of the Goshute Reservation, Navajo Nation, Northwestern Band of the Shoshone Nation, Paiute Indian Tribe of Utah, and the Skull Valley Indian Community (Goshute). The MOU with the Ute Tribe has expired. A new MOU has been completed and is currently being reviewed by the tribe’s legal department. DCFS does not currently have MOUs with the Ute Mountain Ute Tribe and San Juan Southern Paiute Tribe nor has it had MOUs with these tribes in the past. In compliance with ICWA requirements, each MOU stresses the need for DCFS to contact tribes in cases where the child is a tribal member or may qualify for membership. They also outline the process DCFS and the tribes must follow when making notifications and confirming a child’s status with the tribe.

One question on the OSRI asks about a child’s possible tribal membership or eligibility for membership. Thirty-one cases had a “Yes” answer while only one case had a “No” answer. Two other questions that address the provision of timely notification of court proceedings to the tribe and the placement of the child in accordance with ICWA placement preferences were only applicable in two cases. One case was given two “No” answers, the other a Yes and a N/A answer. No meaningful conclusions can be drawn from these results because of the small number of applicable cases.

The division also works closely with school districts to maintain the connections between children in foster care and their schools. In 2009, the Utah State Legislature passed legislation allowing children in foster care to remain in their current school even if the foster child moves to a placement in another school district.

In 2014, DCFS Practice Guidelines were updated to include a provision that requires a caseworker to make efforts to maintain the child’s enrollment at their existing school whenever a child’s living arrangement is changed. If a school change must occur, the caseworker is required to make every effort to minimize the degree of disruption to the child’s education by working with educators to resolve any issues.



Training was provided statewide to agency staff during which they learned about the purpose of the law, discussed the impact it will have on children in foster care, and were informed about the importance of maintaining school connections.

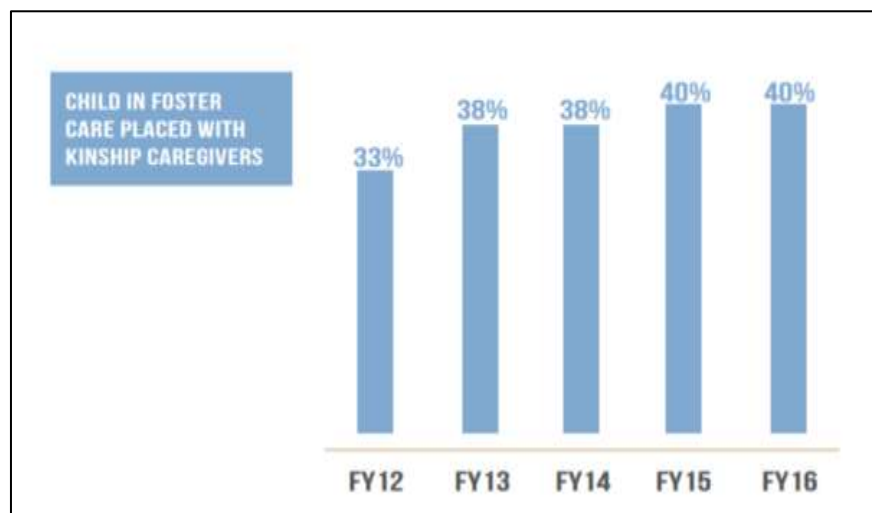
Strengths, Concerns, and Future Plans-This item is also being addressed as staff work with trauma experts to identify points along the causal pathway where childhood trauma occurs. Trauma reactions in children can be decreased when normal routines are preserved. Since school is one of the most important routines, maintaining children in a normal and comfortable school environment will decrease the amount of trauma they ultimately experience.

Item 10-Relative Placement

Purpose of Assessment-To determine whether concerted efforts were made to place the child with relatives when appropriate.

2010 CFSR Results-With reviewers finding that the agency had made diligent efforts to locate and assess relatives as potential placement resources in 67% of the cases, this item was determined to be an Area Needing Improvement.

Current Situation-The percent of children in foster care placed with kinship caregivers at some point in time during the year has improved from 19% in SFY 2004 to 40% in SFY 2016. Furthermore, approximately 28% of children leave foster care to permanent custody, guardianship, or adoption with a relative.



In previous years, biological siblings in Utah were not recognized as siblings after their parents' rights were terminated. In 2015, legislation was passed that allows workers to place a child with the adoptive family of a biological sibling without the adoptive family being licensed as a foster family. A definition of sibling, that includes brothers or sisters who are or were biological, half, or stepsiblings, has been published in DCFS Practice Guidelines.

Corresponding legislation allows the courts to place a child with a "friend" if one is designated by the custodial parent or guardian of the child and the child knows and is comfortable with the friend. In addition, the "friend" must be a licensed foster parent or willing to become licensed within six months of the child being placed with the friend. Consequently, during FFY 2015, the Kinship Program



Administrator included a definition of “friend” in practice guidelines, which provides guidance to caseworkers as they explore all possible placements for a child.

Completion of a search for relatives, extended relatives, non-relatives, or family friends is required within 30 days of the date a child enters custody and periodically throughout the life of the case. In order to expedite the placement of children coming into custody with their kin, provisions were put in place several years ago to perform immediate background checks on potential kin caregivers. Kin families are notified of and, if appropriate, complete applications for the Specified Relative Grant through the Department of Workforce Services and for Medicaid within the first 30 days of a child’s placement. This assures that medical and financial assistance for relative families is available before they become licensed foster care providers or before they obtain custody and guardianship of the child(ren).

Every region employs Kin Locators, Resource Family Consultants, and a Kinship Team that provide formal and informal supports to kinship caregivers. At the state level, a Kinship Program Administrator coordinates these services and responds to information requests from the public as well from governmental agencies in other states. In addition, DCFS has trained and licensed 30 employees who are now using the internet-based CLEAR search engine (from Thomson Reuters) to locate relatives that might be interested in becoming a kinship caregiver or could offer a family connection to a child entering custody.

Strengths, Concerns, and Future Plans-Three years ago, DCFS reported that we were in the process of seeking approval to provide Federal Kinship Guardianship Assistance Payments. Since then, we determined that the costs and other barriers associated with implementation of Kinship Guardianship Assistance Payments outweigh any benefits. In fact, Kinship Guardianship Assistance Payments would negatively impact kin caregiver’s ability to access other benefits and would subsequently reduce the amount of financial support they would be able to receive. Therefore, the agency will not be pursuing this service and will continue working with other agencies—primarily the Department of Workforce Services—to ensure that adequate financial assistance and other support is available to help kinship families with their exigent needs.

During the fall of 2016, DCFS staff and several of our legal partners attended training provided in every region that focused on identifying, locating, and engaging kinship caregivers as well as on documenting these efforts. Also, the classroom training for kinship families pursuing licensure has been replaced by online training, which makes it more accessible to families throughout the State of Utah. A kinship pamphlet (available on the DCFS website) was developed and is used by DCFS staff to inform the public and potential kin caregiver of policies, procedures, and guidelines that relate to caring for the child of a family member or friend and services available to the kin caregiver when providing that care.

Item 11-Relationship of Child in Care with Parents

Purpose of Assessment-To determine whether concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation.

2010 CFSR Results-With reviewers finding that the agency had made concerted efforts to support the parent-child relationships of children in foster care in 41% of the cases, this item was determined to be an Area Needing Improvement.

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Current Situation-As mentioned in Item 8 a, the “Family Connections” indicator was added to the QCR in 2011. While this indicator primarily assesses whether connections with parents through visitation have been maintained, it also looks at the involvement of parents in the child’s life, including participation in school, sporting events, or medical visits. Although the data is still preliminary and may change slightly, the table below shows the most recent results from the FY 2017 QCR. The results for this year are more in line with those recorded from 2012 to 2015 but are unfortunately below last year’s record of 91%.

Family Connections	2012	2013	2014	2015	2016	2017
Overall Score	83%	86%	87%	83%	91%	84%
Siblings	84%	83%	78%	85%	91%	75%
Mother	84%	83%	88%	69%	92%	76%
Father	51%	72%	88%	74%	80%	63%
Other	85%	88%	100%	81%	73%	75%

The table reflects the percentage of cases where a child’s connection were maintained with their mother, father, siblings in care, or “other,” which is an adult who is essential to the achievement of permanency such as a stepparent, parent’s paramour, or relative who has or had caretaking responsibilities prior to DCFS involvement.

Strengths, Concerns, and Future Plans-Utah’s DCFS Practice Guidelines instruct staff to encourage parents to attend activities in which their children participate and notify parents of medical appointments, school meetings, and other activities in the child’s life. In addition, Child and Family Services is expected to provide parents with transportation to support their attendance at these events.

The fact that QCR and CPR questions have been broken down to “mother” and “father” instead of just “parents” has made it necessary for caseworkers to locate, contact, and include non-custodial parents who in the past were left out. The data from these reviews has shown that fathers are trailing behind mothers, which as a result has brought more urgency to the need to contact and involve marginally involved fathers.

WELL-BEING OUTCOMES

Wellbeing Outcome 1-Families Have Enhanced Capacity to Provide for their Children’s Needs

Item 12-Needs and Services of Child, Parents, and Foster Parents

This item is divided into three sub-items:

- 12A: Needs assessment and services to children.
- 12B: Needs assessment and services to parents.
- 12C: Needs assessment and services to foster parents.

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Purpose of Assessment-To determine whether the agency made concerted efforts to:

- Assess the needs of children, parents, and foster parents.
- Identify services necessary to achieve case goals.
- Adequately address the issues relevant to the agency's involvement with the family.
- Provide the appropriate services.

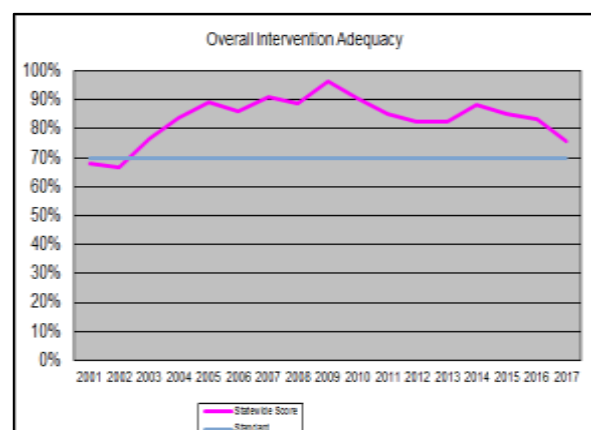
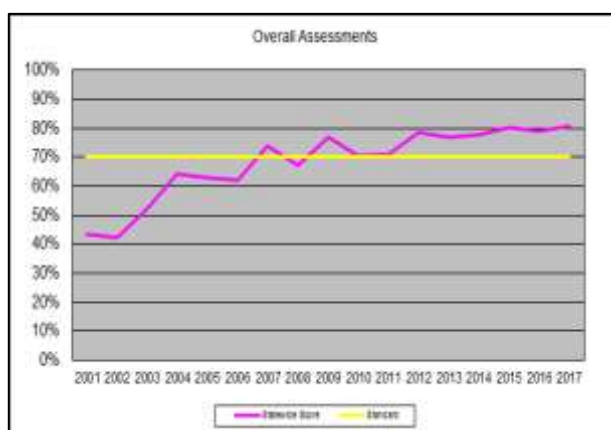
Each factor is rated as the child enters foster care (if the child entered during the period under review) as well as on an ongoing basis.

Current Situation-The QCR indicators for Assessment and Intervention Adequacy best measure Utah's performance on Item 12. Reviewers evaluate whether Assessment and Intervention Adequacy was acceptable for the child, mother, father, and caregiver and assign an overall score for both measures. The data for overall scores goes back to the beginning of the QCR in 2000. The breakout for individuals however only goes back to 2012 when these two indicators were modified to better capture the CFSR measures.

While Intervention Adequacy has declined somewhat over the last few years (while remaining above the 70% margin), there has been a constant improvement observed on the Assessment measure. The current overall score of 81% (as seen in the graphic below) is an encouraging trend and possibly the result in part of implementing formal assessment tools.

Assessment								
	# of	# of	FY11	FY13	FY14	FY15	FY16	FY17
	cases	cases						Current
	(+)	(-)						Scores
Overall Assessment	120	29	78%	77%	78%	80%	79%	81%
Child	128	21	84%	84%	90%	90%	87%	86%
Father	38	36	48%	56%	62%	68%	68%	51%
Mother	71	34	65%	62%	72%	73%	70%	68%
Caregiver	87	0	89%	84%	100%	100%	100%	100%

Intervention Adequacy								
	# of	# of	FY12	FY13	FY14	FY15	FY16	FY17
	cases	cases						Current
	(+)	(-)						Scores
Overall Intervention Adequacy	113	36	82%	82%	89%	85%	83%	76%
Child	119	30	86%	86%	90%	90%	90%	80%
Father	31	11	43%	43%	73%	58%	78%	74%
Mother	59	20	63%	63%	80%	78%	75%	75%
Caregiver	84	11	91%	91%	95%	89%	93%	88%
Other	13	9				68%	69%	59%



Strengths, Concerns, and Future Plans-DCFS formerly used the CANS assessment to assess the strengths and needs of children, families, and other caregivers involved in a foster care case. Over the last three years though, in conjunction with the HomeWorks IV-E child welfare demonstration project, we now use the UFACET (a modified CANS assessment) to assess the strengths and needs of

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all families with an open in-home case. After comparing the capabilities of the CANS assessment and the UFACET, the in-home UFACET was modified so that it can assess the strengths and needs of children, families, and caregivers involved in foster care cases. Finally, we added a section to the UFACET that assesses "visitation" between the parents and children, as well as a "Progress in Residential Treatment" section to assess the progress of a child when they are placed in residential treatment.

Modifications to the UFACET include the addition of the CANS algorithm that assesses placement service level, and an assessment of the needs of substitute care providers and biological families. The new out-of-home UFACET was completed and was programmed into the SAFE database in 2015. Training on the new tool was incorporated into the HomeWorks statewide training, which was completed earlier this year. All five regions have been trained and are now required to use the UFACET. We are excited about this vital assessment that is pertinent to a variety of cases and is applicable during the entire period of time a family is involved with the child welfare system.

Item 13-Child and Family Involvement in Case Planning

Purpose of Assessment-To determine whether concerted efforts were made or are being made to involve parents and children (if developmentally appropriate) in the case planning process on an ongoing basis.

2010 CFSR Results-With 55% of the applicable cases meeting this standard, this item was determined to be an Area Needing Improvement.

Current Situation-In Utah, child and family involvement is measured during the CPR. Following are results for in-home services and foster care services cases for FY 2017 and the previous four years.

In-home Services:

Type & Tool #	Question	Sample	Yes	No	EC-na	EC	NA	GOAL	Performance Rate (%) FY 2017	2016	2015	2014	2013
In Home Services													
IIH.3	Were the following team members involved in the development of the current child and family plan?												
	the mother	110	104	6	0	16	85%	95%	92%	97%	93%	95%	
	the father	100	80	20	0	26	85%	80%	73%	84%	85%	88%	
	other caregiver (guardian, step-parent,	29	25	4	0	97	85%	86%	72%	98%	87%	92%	
	the child/youth if developmentally	71	51	20	0	55	85%	72%	73%	85%	76%	70%	
	Performance rate for all four sub-questions								84%	80%	91%	86%	81%

Foster Care Services:

Type & Tool #	Question	Sample	Yes	No	EC-na	EC	NA	GOAL	Performance Rate (%) FY 2017	2016	2015	2014	2013
IV.3	Were the following team members involved in the development of the current Child and Family Plan?												
	the mother	85	77	8		0	47	85%	91%	93%	89%	86%	85%
	the father	67	48	19		0	65	85%	72%	83%	78%	80%	81%
	other caregiver, (guardian, foster parent, stepparent, kin)?	119	111	8		0	13	85%	93%	92%	98%	98%	93%
	the child/youth if developmentally appropriate? (generally age 5 and over)	91	81	10		0	41	85%	89%	92%	97%	95%	86%
	Performance rate for all four sub-questions								88%	91%	92%	89%	83%



Ensuring a child and family are involved in case planning is a fundamental Practice Model precept. While state policy originally set the threshold for child involvement in the planning process at 12 years of age or older, the policy was changed in 2011 to make it consistent with federal guidelines that recommend children 5 years of age and older be involved in the planning process.

While the steady improvement observed in foster care cases over the last few years continued, there was a surprising decline on plan involvement for in-home cases in 2016. This decline was seen throughout the whole state. The best explanation, so far, for this decline is that the deployment of the HomeWorks project has negatively impacted this indicator. It is not clear if it is the documentation of the plan that was impacted or the actual activity of involving children and parents in the development of the plan was the cause. In some regions, caseworkers and whole teams were being reassigned during the review period to accommodate HomeWorks implementation. This reshuffling of staff may have led to pieces of the process falling through the cracks. In addition, three years ago, the state experienced a drastic hiring freeze that led to empty positions and higher caseloads. When caseloads go up it is not surprising to see involvement in case planning compliance for in-home cases slip. This is possibly due to caseworkers' perception that foster care cases are more urgent.

Luckily, the preliminary scores for this year's review (FY 2017) improved, with an overall performance rate of 84% in parent and child involvement in-home cases and 88% in foster care cases. Conversely, involvement of children in in-home cases remained low (72%). The difficulty with in-home cases is that there are usually multiple children involved in the case (whereas there is one child per case in foster care), which makes it harder for caseworkers to remember to document each child's involvement. The struggle to involve fathers in both in-home cases and foster care cases requires ongoing work.

Strengths, Concerns, and Future Plans-This item will continue to be targeted for improvement, especially for in-home cases. However, with the implementation of HomeWorks now complete and the hiring freeze lifted, it is expected that this indicator will soon improve.

Item 14-Caseworker Visits with Child

Purpose of Assessment-To determine whether the frequency and quality of visits between caseworkers and the child(ren) are sufficient to ensure safety, permanency, and well-being of the child and promote achievement of case goals.

2010 CFSR Results-With 88% of cases meeting this standard, this item was determined to be an Area Needing Improvement. Results for families involved in a foster care case tended to be better than results for families receiving in-home services. In cases where caseworker contact was determined to be an Area Needing Improvement, both frequency and quality of the visits were equally problematic.

Current Situation-This item has been measured in the CPR for several years. Results are listed below.



In-home Services

Type & Tool #	Question	Sample	Yes	No	EC-na	EC	NA	GOAL	Performance Rate (%) FY 2017	2016	2015	2014	2013
In Home Services													
IH.4	Did the worker have a face-to-face contact with the child at least once during each month of this review period?												
	Month one	77	69	7		1	49	85%	90%	93%	92%	90%	88%
	Month two	89	77	12		0	37	85%	87%	89%	91%	89%	79%
	Month three	84	73	10		1	42	85%	87%	78%	86%	86%	83%
	Month four	90	80	10		0	36	85%	89%	85%	88%	88%	86%
	Month five	83	75	8		0	43	85%	90%	84%	95%	90%	86%
	Month six	77	67	10		0	49	85%	87%	82%	88%	91%	85%
Performance rate for six months									88%	85%	90%	89%	85%

Foster Care Services

Type & Tool #	Question	Sample	Yes	No	EC-na	EC	NA	GOAL	Performance Rate (%) FY 2017	2016	2015	2014	2013
Foster Care Cases													
IB.2	Did the worker have a face-to-face contact with the child/youth inside the out-of-home placement at least once during each month of this review period?												
	Month one	98	88	10		0	34	85%	90%	91%	98%	94%	89%
	Month two	103	95	8		0	29	85%	92%	92%	93%	97%	94%
	Month three	104	93	11		0	28	85%	89%	87%	95%	96%	92%
	Month four	109	102	7		0	23	85%	94%	89%	91%	94%	88%
	Month five	113	107	5		1	19	85%	95%	87%	96%	89%	91%
	Month six	106	92	14		0	26	85%	87%	90%	92%	94%	90%
Performance rate for six months									91%	89%	94%	94%	91%

Last year's declines in both in-home and foster care cases on monthly face-to-face visits with the target child may be explained, as mentioned above, by the previous year's hiring freeze—and resulting workload increase—as well as the implementation of Home Works. In both instances the scores still attained Utah's goal of 85%. During FY 2017, the results improved from 85% to 88% for in-home cases and from 89% to 91% for foster care cases.

Strengths, Concerns, and Future Plans—The division's performance on frequency of face-to-face contact with the child has been a high priority and source of pride for many years. In fact, there are now prompts in SAFE to remind caseworkers of this requirement. If the visit is missed, the caseworker's supervisor receives a notice. Nevertheless, while the CPR results continue to meet the standard of 85% and improved from last year, we will continue to emphasize the importance of assuring that every child is seen at least monthly by their caseworker.

Item 15-Caseworker Contacts with Parents

Purpose of Assessment—To determine whether the frequency and quality of visits between caseworkers and mothers and fathers of children are sufficient to ensure the safety, permanency, and well-being of children and promote achievement of case goals.

2010 CFSR Results—With 49% of the applicable cases meeting this standard, this item was determined to be an Area Needing Improvement.

Current Situation—Using only documentation entered into SAFE, caseworker contact is assessed during the CPR. This measure reviews how frequently caseworkers visited—over a 6-month period—

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with mothers and/or fathers involved in either a foster care or in-home case. The FY 2016 and 2017 results are displayed below.

In-home Services

Type & Tool #	Question	Sample	Yes	No	EC-na	EC	NA	GOAL	Performance Rate (%) FY 2017	2016	2015	2014	2013
In Home Services													
IH.8	Did the worker make a face-to-face contact with the mother of the child at least once during each month of the review period?												
	Month one	73	70	3		0	53	85%	96%	96%	89%	90%	86%
	Month two	80	73	7		0	46	85%	91%	92%	93%	95%	89%
	Month three	77	71	6		0	49	85%	92%	84%	92%	91%	89%
	Month four	85	78	7		0	41	85%	92%	93%	91%	92%	89%
	Month five	81	73	8		0	45	85%	90%	91%	93%	90%	89%
	Month six	75	63	11		1	51	85%	84%	89%	93%	89%	86%
	Performance rate for six months								91%	91%	92%	91%	88%
IH.9	Did the worker make a face-to-face contact with the father of the child at least once during each month of the review period?												
	Month one	60	46	14		0	66	85%	77%	73%	80%	77%	70%
	Month two	70	54	16		0	56	85%	77%	82%	75%	78%	61%
	Month three	66	57	9		0	60	85%	86%	73%	87%	74%	62%
	Month four	69	52	17		0	57	85%	75%	77%	76%	77%	75%
	Month five	70	55	15		0	56	85%	79%	68%	78%	81%	75%
	Month six	64	47	17		0	62	85%	71%	80%	81%	79%	82%
	Performance rate for six months								78%	76%	76%	78%	71%

Foster Care Services

Type & Tool #	Question	Sample	Yes	No	EC-na	EC	NA	GOAL	Performance Rate (%) FY 2017	2016	2015	2014	2013
Foster Care Cases													
IB.4	Did the worker make a face-to-face contact with the mother of the child at least once during each month of the review period?												
	Month one	71	51	20		0	61	85%	73%	86%	71%	74%	65%
	Month two	74	51	23		0	58	85%	69%	77%	80%	72%	74%
	Month three	73	57	16		0	59	85%	78%	81%	75%	69%	64%
	Month four	79	56	23		0	53	85%	71%	80%	72%	71%	74%
	Month five	82	61	21		0	50	85%	68%	71%	74%	74%	74%
	Month six	81	62	19		0	51	85%	77%	72%	75%	72%	60%
	Performance rate for six months								73%	79%	75%	72%	60%
IB.5	Did the worker make a face-to-face contact with the father of the child at least once during each month of the review period?												
	Month one	50	30	20		0	82	85%	60%	70%	72%	58%	44%
	Month two	55	35	20		0	77	85%	64%	67%	73%	54%	42%
	Month three	55	35	20		0	77	85%	64%	71%	63%	51%	58%
	Month four	63	41	22		0	69	85%	65%	64%	71%	49%	53%
	Month five	68	48	20		0	64	85%	71%	60%	63%	55%	55%
	Month six	67	37	30		0	65	85%	55%	67%	72%	49%	49%
	Performance rate for six months								61%	67%	69%	53%	47%

The rate of compliance for monthly contacts with mothers and fathers involved in foster care cases has improved continuously for several years, but dropped suddenly last year. For in-home cases, the progress has plateaued around 91% for mothers and 78% for fathers. Results for both case types show that contact with fathers trails behind contact with mothers, which has prompted the agency to increase emphasis on making stronger efforts to locate and involve fathers.

For a few years, questions about frequency and quality of visits between a caseworker and the mother and father were part of the QCR. Results were comparable to the CPR data with contact with fathers trailing behind mothers and the results for quality of visits slightly below the frequency of visits. In FY 2016, this question was eliminated in lieu of completing the OSRI. The preliminary results on the



cases entered on the OSRI so far this year show that item 15 would be a strength in only 58% of the cases.

Strengths, Concerns, and Future Plans-Caseworker visits with both parents of a child in foster care are vitally important to the overall outcome of the case. While Utah has seen growth in the percent of mother's and father's visited each month by the caseworker, the percentage is far from where it needs to be. One struggle seems to be in families with multiple fathers. The focus of the caseworker may be on the mother and her current husband/partner and not on the biological father of every child. Making sure that all fathers and all mothers are contacted and involved remains an ongoing goal.

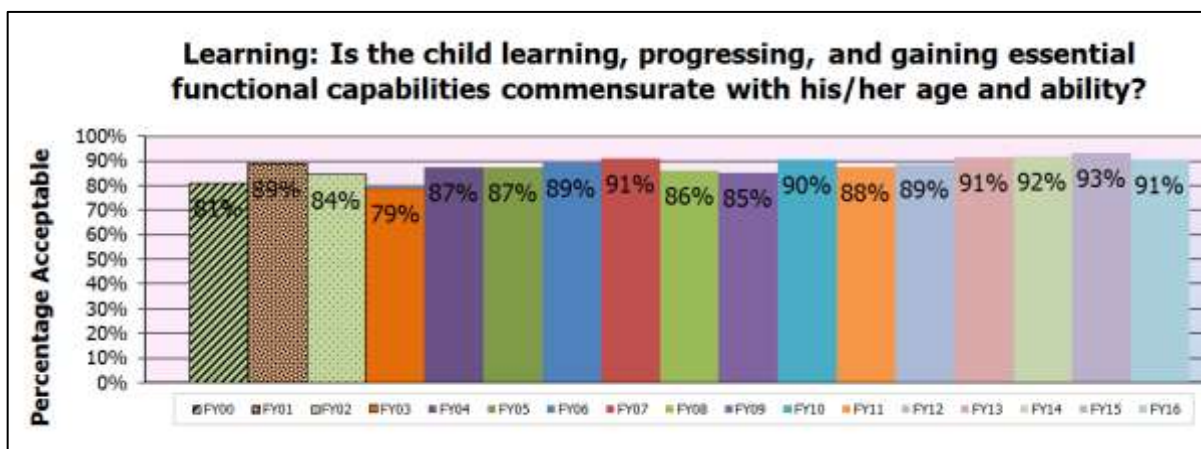
Wellbeing Outcome 2-Children Receive Appropriate Services to Meet Their Educational Needs

Item 16-Educational Needs of the Child

Purpose of Assessment-To assess whether the agency made concerted efforts to assess children's educational needs and whether identified needs were appropriately addressed in case planning and management activities.

2010 CFSR Results-With 88% of the applicable cases meeting this standard, this item was determined to be an Area Needing Improvement. In all five cases that were rated as Area Needing Improvement, the child had educational needs that were not addressed.

Current Situation-The QCR measures child education outcomes. The overall rating is based on an assessment of the developmental progress of children 5 years of age or less OR an assessment of the educational status (i.e. attendance, proximity to grade level, prognosis for graduation) of children who are 5 years of age or older. Cases scored include those where a youth may be preparing for college, vocational training, or entry into the workforce as well as those where a child may have an Individualized Education Plan (IEP). For children with an IEP, a successful rating can be achieved if the child is progressing in relation to the IEP. QCR scores for the past 10 years have remained relatively constant ranging from a low of 85% in FY 2009 to a high of 93% in FY 2015. The preliminary score of 88% for this year (FY 2017) is down slightly from 91% last year.





In 2012, DCFS updated the education module in the SAFE data management system to make it more relevant to caseworkers. Practice guidelines were also updated and now state: “The caseworker will maintain contact with educational staff to monitor the child’s ongoing educational status, including grades, attendance, and credits toward graduation. Educational staff, or their input, will be included in Child and Family Team Meetings when appropriate.”

In June 2014, DCFS released mandatory online education training that stresses the need for workers to establish and monitor educational outcomes for children in foster care. The training covers how trauma issues may impact the child's performance in school, federal and state laws and DCFS practice guidelines relating to educating youth in care, caseworker responsibilities, special education issues, and caseworker resources. All staff that work with children in foster care were required to complete the training by December 2014. This training remains available for staff to access whenever needed.

Strengths, Concerns, and Future Plans-DCFS and the Utah State Office of Education currently have an MOU in effect that allows both agencies to collect relevant data and share information about students. This agreement has made it possible for caseworkers to obtain current information on the educational progress of children in care, including information about attendance, behavior, grades, achievement testing, and progress towards graduation. This information can be obtained without having to produce a court order, which caseworkers often had to obtain in the past. In the 2016 legislative session, state statute was amended to add language from the MOU. Utah Code Ann. §53A-1-1409 will go into effect in the 2017-2018 school year.

The Utah State Board of Education also recently instigated an electronic education records database that documents education information relating to a student’s performance. The “UTREX” database contains all education information relating to all students involved in public education in Utah. Information provided includes evidence of a child’s grades, attendance, achievement scores, disciplinary actions, and special education services. While all districts are required to enter information into the UTREX system, there are still a few districts that utilize proprietary student information systems that require technical upgrades in order to interface with the new system.

DCFS and the Utah State Board of Education are beginning to explore the possibility of creating an interface between the SAFE and UTREX systems. The vision is that fields in SAFE that track children’s educational outcomes will “auto populate” with education data from the UTREX system. Furthermore, another goal is to design the interface so that caseworkers will not be required to log into two separate databases whenever they want to access student records.

A subcommittee was formed in 2014 by the Administrative Office of the Court in response to several juvenile court judges desire to take a leadership role in improving educational outcomes for children in foster care. The subcommittee determined that the educational information being provided to the juvenile court was inconsistent and oftentimes inadequate. In response to this finding, in 2015, the judges on the subcommittee led an effort to create and implement the *Juvenile Court Education Court Report*. This form has relevant information that the judge can use to determine whether the educational needs of the child are being met and determine what actions, if any, are needed to help improve educational outcomes for a child. Some of the juvenile court judges are requiring the report be provided for all cases while others are not. Therefore, implementing this report has been inconsistent. In Early 2017, DCFS and the Court Improvement Project began working on auditing Juvenile Education Court Reports from around the state to determine the quality of the information being reported. From the audit, DCFS and the Court Improvement Project have identified several updates needed to the form and are working to finalize and implement those changes.

In 2017, DCFS began collaborating with the State Board of Education to explore methods to maintain education stability for children in foster care. This process will include efforts to retain children in the



schools they were attending prior to coming into foster care—or those they are attending after entering foster care—so that there is not a subsequent change of schools if their placements change.

To facilitate this process, the MOU between DCFS and the State Board of Education is being updated and will include language that will facilitate education stability for children in foster care. In addition, during 2017, the Court Improvement Project provided a grant that will support the DHS Education Liaison's travel throughout the state. Using these funds, the Education Liaison will visit each DCFS region administrative team and will emphasize the importance of education stability for children in foster care.

DCFS is also in the process of developing education training for foster parents or caregivers that will examine the educational issues faced by children in foster care. DCFS plans to complete curriculum development and begin implementation of the training in FFY 2018.

Wellbeing Outcome 3-Children Receive Adequate Services to Meet Their Physical and Mental Health Needs

Item 17-Physical Health of the Child

Purpose of Assessment-To determine whether the agency addressed the physical health needs of the child including dental health needs.

2010 CFSR Results-With the physical health needs of the child being met in 92% of the applicable cases, this item was rated as a strength.

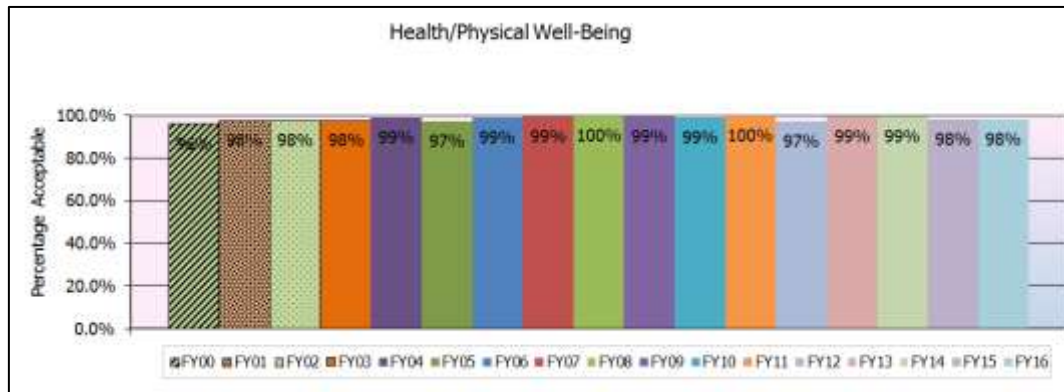
Current Situation-The CPR rates timeliness of initial and annual physical and dental health check-ups for children in foster care. The division's performance continues to be satisfactory, with this year's preliminary results at 87% for initial and annual health check-ups and 86% (down from 92% last year) for dental exams. One challenge relates to the health assessments for babies, which have to be seen by a healthcare provider every two months. Obtaining and entering health visit reports for all of these visits is a challenge.

CPR Results for Health Questions:

Type & Tool #	Question	Sample	Yes	No	EC-na	EC	NA	GOAL	Performance Rate (%) FY 2017	2016	2015	2014	2013
Foster Care Cases													
II.1	Was an initial or annual Well Child CHEC conducted on time?	131	114	17		0	1	85%	87%	86%	90%	87%	83%
II.3	Was an initial or annual dental assessment conducted on time?	108	93	14		1	24	85%	86%	92%	92%	89%	87%

The QCR also measures the health status of the child. This is a composite measure of both physical and dental needs and measures whether physical health or dental services were provided at an acceptable level. This QCR indicator combines results for both foster care and in-home services cases (all in-home cases are applicable). As seen below, the performance has remained very high since the onset of the QCR.

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Fortunately, in Utah nurses from the Department of Health are collocated in most DCFS offices (some smaller offices in the same region share a nurse) and are assigned to every foster care case. These nurses work with healthcare providers to ensure that all children's health needs are met. We attribute the high performance on the CFSR and QCR to the remarkable support provided by these nurses.

Strengths, Concerns, and Future Plans-This item is important to Utah, but since we already meet the standards we will not be allocating additional resources at this time. DCFS will continue to nurture its relationship with the Department of Health, which supports the healthcare nurses assigned to each child in foster care. To maintain our high performance though, we will continue to monitor and modify practice as needed.

Item 18-Mental/Behavioral Health of the Child

Purpose of Assessment-To determine whether the agency addressed the mental/behavioral health needs of the child(ren).

2010 CFSR Results-With 91% of the applicable cases meeting the Mental/Behavioral Health standard, this item was determined to be a strength.

Current Situation-The CPR measures the timeliness of initial and annual mental health assessments. This is applicable in foster care cases only. The table below shows the CPR results for question II.2 which states "Was an initial or annual mental health assessment conducted on time?"

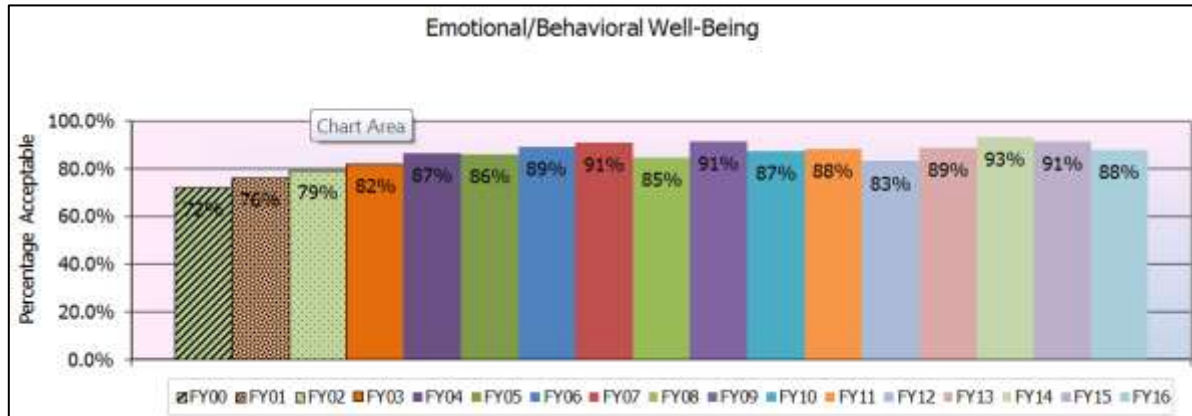
CPR Results for Mental Health Questions

Type & Tool #	Question	Sample	Yes	No	EC-na	EC	NA	GOAL	Performance Rate (%) FY 2017	2016	2015	2014	2013
Foster Care Cases													
II.2	Was an initial or annual mental health assessment conducted on time?	131	114	15		2	1	85%	87%	83%	80%	91%	87%

The results have improved over the last three years and are now above the 85% margin. One of the challenges involves children ages 0-5, who receive ASQ assessments—instead of mental health assessments—on a set schedule. The ASQ is completed by the caregiver. Some caregivers, in particular kin caregivers, struggle to comply with the paperwork and often do not return the assessments.



In addition, the QCR measures the emotional and behavioral well-being of the child. Considerations when rating this indicator include emotional and behavioral functioning, assessment of indicated needs, provision of services to address identified needs, and whether the interventions are having the desired results. This measure is scored on foster care and in-home cases.



The QCR results for this indicator have remained quite strong for more than a decade with a high of 93% in 2014. Since then, the numbers have declined somewhat with this year's preliminary results at 87%, down from 88% last year. The report from frontline workers is that the children coming into foster care appear to have more significant behavioral and emotional problems than in the past. According to data recorded at the time of removal, approximately 70% of all children come from families impacted by substance use disorder, which is significantly higher than in the past. These children have often experienced a high level of neglect and a dysfunctional home environment before coming into foster care. Our teenage population, in particular those youth with a history of delinquency, represent a challenging population to adequately serve and maintain in stable treatment settings, especially when their needs require residential treatment.

During the 2016 legislative session, the lawmakers passed SB-82 *Child Welfare Modifications*, which amended Utah Code Ann. §62A-4a-213. That code now allows DCFS to establish and support a psychotropic medication oversight panel for children in foster care. This panel will ensure that foster children are being prescribed psychotropic medication consistent with their needs and will be comprised, at minimum, of an Advanced Practice Registered Nurse (APRN) and a child psychiatrist. The oversight panel is tasked with monitoring foster children that meet the following criteria:

- (a) Six years old or younger who are being prescribed one or more psychotropic medications; and
- (b) Seven years old or older who are being prescribed two or more psychotropic medications.

During 2016, DCFS collaborated with the Department of Health and the University of Utah Safe and Healthy Families Program to launch the Utah Psychotropic Oversight Panel (UPOP) and initiate contracts to deliver program supports. In January 2017, the APRN was hired and the program was officially launched.

To date, the panel has completed high level reviews of 1180 children in foster care, with 57 receiving an in-depth review. The panel has implemented a "helpline" where a medical provider treating a child in foster care can consult with the UPOP team and receive advice about appropriate medications to prescribe. The team is also in the process of outlining appropriate medication guidelines that will be distributed to medical providers in the community and is developing a workshop that will bring national experts, DCFS clinical staff, and community medical providers together to discuss the review process and provide suggestions and feedback on the program design.

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Strengths, Concerns, and Future Plans-Over the course of the last year, in order to better understand and serve the families involved with DCFS, the division has been working diligently to become more trauma-informed. In the last legislative session, a House Concurrent Resolution was passed entitled *Concurrent Resolution Encouraging Identification and Support of Traumatic Childhood Experiences Survivors*. The resolution concludes with the following:

NOW, THEREFORE, BE IT RESOLVED that the Legislature of the State of Utah, the Governor concurring therein, encourages all officers, agencies, and employees of the State of Utah whose responsibilities include working with vulnerable children and adults, such as the Utah State Board of Education, the Utah Department of Human Services, the Department of Workforce Services, the Administrative Office of the Courts, and the Utah Department of Corrections, to:

1. become informed regarding well-documented detrimental short-term and long-term impacts to children and adults from serious traumatic childhood experiences as outlined above; and
2. implement evidence-based interventions and practices that are proven to be successful in developing resiliency in children and adults currently suffering from trauma-related disorders to help them recover from their trauma and function at their full capacity and potential in school, the workplace, and community, family, and interpersonal relationships.

The process of becoming a trauma-informed agency is expected to take several years. Nevertheless, the agency feels that becoming a trauma-informed agency will: a) help meet the needs of children and parents impacted by trauma, b) reduce additional trauma caused by our interventions, and c) help diminish secondary trauma experienced by our workforce.

To help achieve the first and second objectives, the UFACET assessment includes a trauma screener that will help caseworkers identify both parents and children who have experienced trauma.

In relation to the third objective, understanding the need to assess the impact that the difficult work of child welfare has on our staff, DHS recently concluded an online survey regarding secondary traumatic stress. While completing this survey, workers rated the support they receive from the agency and the level to which that support enables them to continue to effectively work in child welfare. In addition, initial trauma training for all DCFS staff is being deployed this spring and summer. The training covers basic information about trauma and information about secondary traumatic stress.

Finally, a survey for contracted mental health service providers, designed to assess the availability of therapists trained in evidence-based trauma treatment, is in development.



STATEWIDE INFORMATION SYSTEM

Item 19-Statewide Information System

Purpose of Assessment-To assure that the state is operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the preceding 12 months has been) in foster care.

2010 CFSR Results-This item was determined to be a strength.

Current Situation-Utah has a well-developed and well utilized SACWIS system (SAFE) that is able to indefinitely store a multitude of information about a child and family.

Strengths and Concerns and Future Plans-The SAFE data management system has long been able to identify information regarding every child in foster care, families receiving in-home services, as well as children and families served through other agency programs. A major project that converted a significant portion of the SAFE data management system from a PowerBuilder platform to a Microsoft.net platform was finalized during a nine month period in 2013. While a few remaining components are still being converted to the web-based platform, the enhanced version of the SDM Safety Assessment—which helps workers identify when threats to safety exist—has been programmed into to the new web-based system.

Next year, DCFS expects to collaborate with the Utah State Courts to address requirements in SB 266-*Division of Child and Family Services Appeals*, which establishes time frames for expungement of a division allegation finding and requires the division to make rules regarding expungement of a division allegation finding, which is typically retained in SAFE. In collaboration with the courts, DCFS administrators, including the CPS Program Administrator, will participate in establishing an administrative process and a standard of review that will be followed when a court orders an allegation finding to be expunged, an individual files an expungement request, or when new policies and procedures mandate that an allegation finding be removed from SAFE.

While Utah has an exceptional SACWIS system, as technological advancements occur we want to assure that we utilize them to produce a stronger, more responsive system. Therefore, this item will continue to be a priority.

CASE REVIEW AND QUALITY ASSURANCE SYSTEM

Item 20-Written Case Plan

Purpose of Assessment-To assure that the state provides a process that ensures that each child has a written case plan to be developed jointly with the child's parents that includes the required provisions.

2010 CFSR Results-This item was determined to be an Area Needing Improvement.

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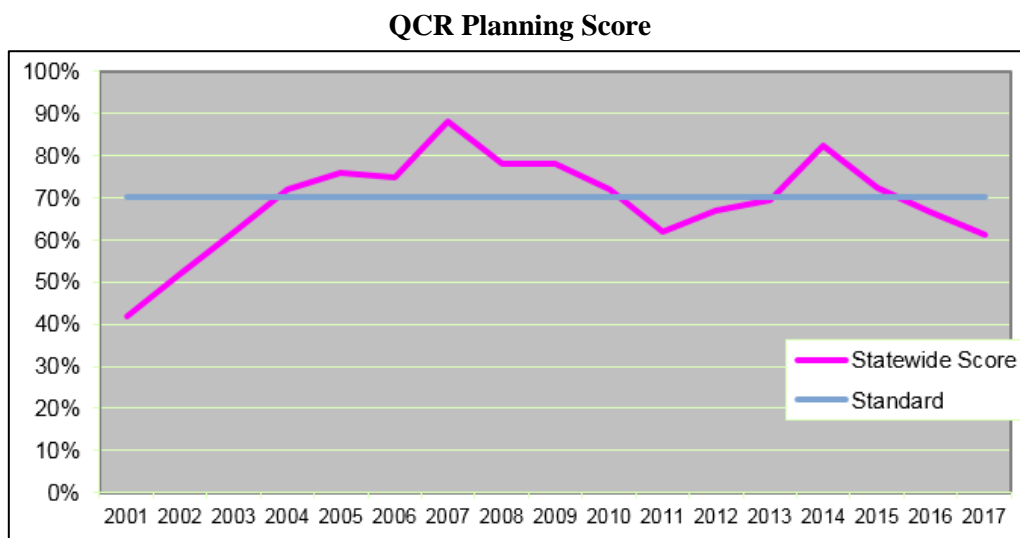


Current Situation—Utah requires that each child and family being served have a Child and Family Plan created within 45 days of the case start date. The plan is developed with both parents and the child, if the child is over the age of 5 and able to participate.

Most often the Child and Family Plan is developed during a Child and Family Team Meeting to which the family's formal and informal supports are invited. Utah requires that the plan be updated at least every six months as long as the case is open.

The plan is maintained in the SAFE data management system. SAFE identifies the date the plan was finalized and notifies the caseworker—every six months—when the plan must be updated. The SAFE data management system is also the repository for Child and Family Team Meeting minutes, which includes a list of individuals participating and the topics discussed. It is expected that the plan is discussed and that the plan is either developed or updated as a result of, or during, that meeting.

The quality and timely completion of the Child and Family Plan as well as the participation in the case planning process is reviewed yearly during both the QCR and the CPR. The results of reviews held in FY 2017 are reported in the following graph.



The QCR evaluates the following:

- The child and family plan reflects the big picture assessment and long-term view for the child and family.
- The plan is individualized and regularly updated to reflect major changes in case circumstances.
- The plan reflects child and family preferences in the assembly of supports and services.
- The combination of supports and services fit the child and family's situation so as to maximize potential results.

Last year, 39% of the cases reviewed failed to have plans that were meeting these criteria. Clearly, this is an area the agency still struggles with. The regions feel that the hiring freeze and ongoing staff turnover has an impact on writing meaningful plans. To comply with required time frames for renewing plans, caseworkers will sometimes take the previous plan and re-issue it with a new finalization date. This, of course, results in plans that may no longer fit the child or family's current situation.

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Timeliness of plans is measured in the CPR. For an initial plan to be found in compliance, it has to be finalized within 45 days of a child coming into care and then every six months thereafter. For in-home cases it has to be finalized within 45 days of the case start date or the date of the court order, whichever comes first, and then every six months thereafter. As can be seen, for both case types and for all the years shown below, ongoing plans (those after the initial plan) are completed on time. The struggle is to get initial plans completed and finalized within the first 45 days. This requires the caseworker to engage with the family, assess their needs, identify team members, convene a Child and Family Team Meeting, and develop the plan with the team. When one of the parents or a young child is not present at the meeting the caseworker has to obtain their input outside of the meeting.

In addition, other barriers contribute to a late plan completion date. For instance, at times, parents' lawyers will advise parents to refuse to participate until the case is adjudicated. Or, at other times, parents fail to show up at the meeting or continue to fight the state's intervention in court.

Timeliness of Child and Family Plans in In-home Cases

Type & Tool #	Question	Sample	Yes	Partial Credit	No	EC-na	EC	NA	GOAL	Performance Rate (%) FY 2017	2016	2015	2014	2013
In Home Services														
IH.1	Is there a current child and family plan in the file?	126	97	15	9		0	0	85%	89%	87%	95%	94%	87%
IH.2	Was an initial child and family plan completed for the family within 45 days of the case start date?	65	41	12.75	7		0	61	85%	83%	81%	90%	89%	79%

Timeliness of Child and Family Plans in Foster Care Cases

Type & Tool #	Question	Sample	Yes	Partial Credit	No	EC-na	EC	NA	GOAL	Performance Rate (%) FY 2017	2016	2015	2014	2013
Foster Care Cases														
IV.1	Is there a current child and family plan (including the ILP, if applicable) in the file?	132	109	13	10		0	0	85%	90%	93%	96%	95%	88%
IV.2	If the child and family plan which was current at the end of the review period was the child's initial child and family plan, or if the initial child and family plan was completed within the review period, was it completed no later than 45 days after a child's removal from home?	39	23	13	3		0	93	85%	84%	92%	90%	82%	77%

The decline in completing plans on time—in particular initial plans—for both in-home and foster care cases is again believed to be at-least partially a result of the lasting effect of the hiring freeze, the implementation of the HomeWorks project, and high staff turnover.

Strengths, Concerns, and Future Plans-Almost every region has or is in the process of developing a Practice Improvement Plan (PIP) for the low QCR planning performance. These PIPs require supervisors to make additional effort to review the plans with staff before signing off on the plan. Supervisors are also responsible for providing training that will help caseworkers better understand what information must be included in the plan. In fact, statewide training was recently completed to help staff understand how to incorporate the findings of their UFACET assessments into the plan. Due to high staff turnover this training will be ongoing.



Item 21-Periodic Reviews

Purpose of Assessment-To assure that the state provides a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by court or by administrative review.

2010 CFSR Results-This item was determined to be a strength.

Current Situation-Utah continues to hold court reviews for all children in foster care no less frequently than every six months. While the juvenile courts track this information, both DCFS and the juvenile courts review the court report to assure that reviews are conducted every 6 months.

As can be seen, during FY 2016, 94.7% of cases receiving court ordered in-home services and 97.5% of foster care cases received a court review every 6 months.

Court Reviews Every 6 Months			
Case Type	FY 2016		
	Number of Cases	Number of Reviews within 6 months	Completion Rate
PSS	1001	948	94.7%
SCF	1573	1533	97.5%

Strengths, Concerns, and Future Plans-This item is very important to Utah but because we are successfully meeting this requirement we will not be allocating additional resources to it at this time.

Item 22-Permanency Hearings

Purpose of Assessment-To assure that the state provides a process that ensures that each child in foster care under the supervision of the state has a permanency hearing in a qualified court or administrative body no later than 12 months of the date the child entered foster care and no less frequently than every 12 months thereafter.

2010 CFSR Results-This item was determined to be strength.

Current Situation-The same report from the juvenile courts database listed in Item 21 is used to monitor this item. The timing of these reviews is carefully monitored by DCFS and the courts, which together ensure that Utah continues to conduct permanency reviews for every foster care case no less frequently than every 12 months.

The most recent data for the Timeliness of Permanency Hearings shows that of the 1,267 applicable cases 96% had a permanency hearing within 12 months of removal. The most frequently cited reason for delay was a stipulation of the parties.

Strengths, Concerns, and Future Plans-This item is also very important to Utah but because we are successfully meeting this requirement we will not be allocating additional resources to it at this time.



Item 23-Termination of Parental Rights

Purpose of Assessment-To assure that the state provides a process for termination of parental rights proceedings in accordance with the provisions of the Adoption and Safe Families Act.

2010 CFSR Results-This item was determined to be a strength.

Current Situation-Utah's appeals process is accomplished quickly, which ensures that the permanency status is not considerably delayed.

The same juvenile courts report noted in items 21 and 22 provides the following data on Termination of Parental Rights. In cases in which the final plan was to proceed toward termination of parental rights 77% of those petitions were filed and a pre-trial scheduled within 45 calendar days. Within the following 30 days, the compliance rate moves to 90%. While there are multiple reasons for delay at this stage of the proceeding, the most common reasons cited are: 1) a stipulation of the parties, 2) conflict in the court schedule, or 3) unavailability of counsel.

Utah law §78A-6-314-*Decisions on Petitions to Terminate Parental Rights* (12)(c) states that "A decision on a petition for termination of parental rights shall be made within 18 months from the day on which the minor is removed from the minor's home." The data for FY 2016 shows that 88% met the statutory requirement. Nearly half of 37 noncompliant cases were attributed to a stipulation of the parties.

	Statutory Deadline	Incident Count	Compliant	Not Compliant	Percent Compliant	Percent Compliant within 15 Days after Benchmark	Percent Compliant within 30 Days after Benchmark
Shelter	3 days	1,490	1,443	47	97%	100%	100%
Child Welfare Proceeding Pretrial	15 days	1,931	1,883	48	98%	100%	100%
Child Welfare Proceedings Adjudication	60 days	1,853	1,779	74	96%	98%	98%
Child Welfare Proceeding Disposition	30 days	1,840	1,806	34	98%	99%	100%
No Reunification to Permanency Hearing	30 days	312	303	9	97%	99%	99%
Permanency Hearing	12 months	1,267	1,217	50	96%	99%	99%
Termination Pretrial	45 days	518	397	121	77%	87%	90%
Removal to Decision on Petition to Terminate	18 months	298	261	37	88%	88%	89%
PSS Pretrial	15 days	1,406	1,362	44	97%	100%	100%
PSS Adjudication	60 days	1,209	1,140	69	94%	98%	99%



The table above shows FY 2016 juvenile court data on timeliness of completion of hearings at every stage of a child welfare case, including for court-ordered in-home cases. As one can see, Utah courts compliance with holding timely hearings is very high. The one area that lags is the filing and scheduling of TPR hearings within 45 days of the Permanency Hearing. But given an additional 30 days this number moves up to a satisfactory level.

Strengths, Concerns, and Future Plans-Because we are successfully meeting the requirement we will not be allocating additional resources to this item at this time.

Item 24-Notice of Hearings and Reviews to Caregivers

Purpose of Assessment-To assure that the state provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.

2010 CFSR Results-This item was determined to be an Area Needing Improvement.

Current Situation-The courts have implemented the “MyCase” management system, an internet based system that allows foster parents to look up information including the date and time of court hearings. Unfortunately, during the QCR stakeholder interviews, foster parents commented that even though they have access to MyCase they are not always aware when court hearings are scheduled. It appears that a more proactive way of notifying foster parents of hearings is needed and will be addressed in coming years.

Strengths, Concerns, and Future Plans-DCFS recognizes that it needs to better coordinate notifications of upcoming court hearings. Over the next three years, the division intends to explore other state’s best practices and will develop a system that will notify substitute caregivers via email of any review or permanency hearing. The goal is to create an interface between the court system and the SAFE data management system that will allow SAFE to automatically send an email to the substitute care provider that will notify them of the hearing and advise them that they will be given the opportunity to be heard at the review or hearing.

QUALITY ASSURANCE SYSTEM

Item 25-Quality Assurance System

Purpose of Assessment-To assure that the state is operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.

2010 CFSR Results-This item was determined to be a strength.

Current Situation-Utah has a model QA system that measures the outcomes for children and families as well as the agency’s ability to integrate the Practice Model throughout the child welfare system.

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The QA process includes three important components. The CPR measures compliance with policy. The QCR is an interview-based outcomes-focused review that measures outcomes for children and families. Finally, Quality Improvement Committees (QICs) in each region and at the state level involve stakeholders—including legal partners, community action groups, community service providers, foster parents, foster care alumni, medical partners, and other interested parties—in the review process. QICs provide regular, ongoing feedback to region or state office administrators about quality assurance issues that affect the child welfare system.

Strengths, Concerns, and Future Plans-Since the QCR measures practices that are congruent with the Practice Model, DCFS feels strongly that the QCR encourages quality casework practice and has been the driving factor in maintaining a high level of performance.

Nevertheless, over the last several years Utah has been attempting to merge the CFSR measures with the annual review that Utah already uses. Utah initially added CFSR items to the QCR scoring sheet and used this model for a couple of years. Last year the team determined that this model had not had the desired result and, in fact, may have tainted the results of the QCR. This year a group of seven mentor level QCR reviewers made the commitment to participate in every QCR and to score cases using both the OSRI and the QCR scoring sheet. This process has proven to be successful and will be expanded upon during the on-site CFSR scheduled in 2018. The team's next steps will be to develop two levels of QA for the OSRI and assure that the QA process is acceptable to the Children's Bureau.

STAFF AND PROVIDER TRAINING

Item 26-Initial Staff Training

Current Situation-DCFS continues to provide staff and provider training as outlined in its Training Plan.

According to records in SAFE, the number of new employees who participated in the mandatory Practice Model Training for all new DCFS employees is quite high. During FY 2017, 137 new caseworkers completed the three-week Practice Model Training and 12 staff completed Practice Model Training for Support Staff

To determine the effectiveness of any course, the training team surveys new employees:

- a) Immediately following training
- b) At 4-months post-training
- c) One-year post-training.

The training team uses results of surveys to enhance courses so that they better meet the needs of new employees. To date, QCR results indicate that because of the quality of training provided many new employees are performing on par with some of our more seasoned employees.

Strengths, Concerns, and Future Plan-Because we are successfully meeting this requirement we will not be allocating additional resources to this item at this time.



Item 27-Ongoing Staff Training

Purpose of Assessment-To assure that the state provides ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP.

2010 CFSR Results-This item was determined to be strength.

Current Situation-Utah continues to provide ongoing training for staff that is designed to increase the skills and knowledge workers need to provide excellent child welfare services to clients. Currently, staff are able to access a wide array of regularly scheduled training, which may be provided through a web-based format or in the classroom. Training may also be available during conferences, summits, or provided as in-service training during staff meetings.

A total of 52 trainings were provided during FY 2017, including:

- Ongoing three-week Practice Model Training required for all new DCFS employees, which was provided to 149 staff this year, including 137 caseworkers and 12 support staff.
- A mandatory Kinship Training provided to 647 participants.
- Bridges out of Poverty provided to 209 participants.
- Ethics Training provided to 532 participants.
- Ongoing ICWA Training, provided to 293 participants so far this year.
- Mandatory Trauma Training, delivered to 370 participants to date.

As recorded in SAFE, 1040 unduplicated people participated in one or more trainings this year.

Satisfaction surveys are sent via email following all training. This valuable input is used as a guide to the Professional Development Team as they revise current training and identify and develop supplemental training that addresses issues of importance to staff.

Strengths, Concerns, and Future Plans-DCFS believes that continuous allocation of a large portion of our resources to staff training reaps far more rewards than are shown through performance outcome measures or accomplishment of goals and objectives. The training and mentoring offered truly shows in the relationships workers have with families and the communities we serve.

This year, due to a high number of required trainings being deployed and the additional time constraints that additional training places on front-line training staff, a “moratorium” on new training has been put into place.

Item 28-Foster and Adoptive Parent

Purpose of Assessment-To assure that the state provides training for current or prospective foster parents, adoptive parents, and staff of the state licensed or approved facilities that care for children receiving foster care or adoption assistance under Title IV-E that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

2010 CFSR Results-This item was determined to be strength.



Current Situation- During FFY 2015, DCFS signed a new contract with the Utah Foster Care Foundation (UFCF) to recruit quality foster and adoptive resource families, conduct pre-service/pre-licensure and in-service/post-licensure training, assist in the retention of resource families by coordinating cluster support groups, and advocate on behalf of all resource families, including kin families.

As noted in the [Foster Care](#) section, during FFY 2016 the Utah Foster Care Foundation:

- Provided 32 hours of pre-service training—using The Institute for Human Services Pre-Service Training for Foster, Adoptive and Kinship Parents curriculum, an evidence-informed planned sequence of learning—to 503 potential foster and adoptive parents and an additional 166 kin caregivers.
- Delivered annual in-service training to 816 families, which helped resource families maintain or renew their licensure.
- Coordinated a Foster Parent Training Symposium attended by more than 300 individuals.

Strengths, Concerns, and Future Plans-Utah has had a strong partnership with the UFCF for the past 17 years and together expect to continue to excel at providing quality support to foster and adoptive parents.

SERVICE ARRAY AND RESOURCE DEVELOPMENT

Item 29-Array of Services

Purpose of Assessment-To assure that services are accessible to families and children in all political jurisdictions covered in the states CFSP.

2010 CFSR Results-This item was determined to be an Area Needing Improvement.

Current Situation-Last year, a portion of available family support services funding was used to contract for intensive in-home intervention programs designed to teach parenting skills to at-risk parents. Effective January 1, 2016, a new contract with Utah Youth Village became effective, which enables that organization to deliver the evidence-based, in-home *Families First* service to HomeWorks families that need to strengthen their family functioning capacities. During FFY 2016, Utah Youth Village provided *Families First* services to 579 children, 357 adults, and a total of 345 families. This year, family support funds will be used exclusively to fund these contracted services. This will allow DCFS to increase the accessibility of *Families First* services, which will be available in each of the five DCFS regions—but unfortunately not necessarily to all communities in each region.

In addition, DCFS continues to enhance contracts with three statewide providers that deliver *STEPS* peer parenting services, an in-the-home, hands-on, and evidence-based parenting support program that is designed to help parents:

- Understand positive and negative child behaviors
- Practice positive listening
- Practice using encouragement instead of praise
- Learn alternative parenting behaviors

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- Learn alternative ways to express ideas and feelings
- Develop child responsibilities
- Apply natural and logical consequences
- Initiate family meetings
- Develop child confidence.

The following table shows the number of families that received *STEPS* peer parenting services during calendar year 2016:

STEPS Peer Parenting Services

Region	Number of families served
Eastern Region	44
Northern Region	193
SW Region	56
SLV Region	100
Western Region	72
TOTAL	465

While DCFS has been addressing the development of new community resources—or the enhancement of existing resources—through the HomeWorks IV-E child welfare waiver demonstration project, it is now considering modifying the process by which this important component will be managed. For example, the Department of Human Services (DHS) received a System of Care grant to address behavioral support, crisis intervention, and respite care services to be delivered to the target population, which include families who are or may be involved with more than one division within the department and who have a child with identified behavior problems that without additional support may lead to an out-of-home placement for the child. DHS is implementing this program on a staggered basis by utilizing DCFS regions as the original target areas.

Even though the community development process may be altered, HomeWorks community resource development activities will continue to the extent that capacity and funding allows. The HomeWorks team will work with state level partners to explore the potential for additional development of community resources at the local level. State office administration is also exploring options to increase staff capacity to support community resource development.

Strengths, Concerns, and Future Plans-Utah is placing great emphasis on increasing the quantity, quality, and availability of a broad array of services throughout the state. The greatest barrier to achieving this goal is the lack of funding available to support new services. Therefore, DCFS will continue to seek financial resources through Title IV-E savings, federal grant funds, private resources, and state general funds to support this important component.

DCFS is currently working with the United Way 2-1-1 information and referral service to create a caseworker portal where information about all contracted service providers and all free and low cost community organizations providing services will be listed. This portal will be applicable and available to all divisions within the department and will help workers locate services that best meet the needs of their clients. Using this portal DHS will also be able to map the location of available services, which will help the department identify statewide service area gaps. Funding will then be targeted to these service gaps once funds become available.



Item 30-Individualizing Services

Purpose of Assessment-To assure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency.

2010 CFSR Results-This item was determined to be an Area Needing Improvement.

Current Situation-DCFS is also undertaking efforts to develop trauma activities under four broad categories including:

- Trauma informed care and trauma-specific treatment provider infrastructure
- System activities, including the identification of critical trauma pathways that impact children involved in the child welfare system
- Secondary traumatic stress training and support
- Trauma-informed child welfare system training.

Services to be developed or enhanced are being targeted to specific geographical areas (e.g. rural areas) or to specific populations (e.g. children with identified behavior problems). Also, in coordination with the trauma initiative, trauma services are being evaluated for their ability to intervene at various points along the trauma causal pathway and are being assessed for their effectiveness in treating specific populations.

Strengths, Concerns, and Future Plans-One concern still being addressed is the needs of families living in very rural areas. Because of the state's large farming industry and because numerous city dwellers have moved to rural areas in the hope of getting away from the hustle and bustle, many of Utah's families live in communities that do not provide the services they need. While it is impossible for the child welfare system to provide every service in every area of the state, DCFS—through the HomeWorks project—is striving to provide child welfare services in rural areas at distances that are equivalent to those travelled by families in other areas.

Item 31-State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

Purpose of Assessment-To assure that the state, in implementing the provisions of the CFSP, engages in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child and family service agencies and includes the major concerns of these representatives in the goals and objectives of the CFSP.

2010 CFSR Results-This item was determined to be strength.

Current Situation-As noted in the Collaboration section of the APSR, DCFS has an excellent record of collaborating with our colleagues and continues to seek out partnerships that will benefit children and families in the State of Utah. We will continue to use this pathway to identify problems and look for solutions within the communities we serve.

The division continues to use stakeholder interviews, conducted during the QCR's in each region, to gather information from community providers and partners, foster parents, and DCFS staff. Their contributions not only help in rating performance but help the agency identify and build plans to meet community needs.



DCFS also interacts with a number of national and local government, non-profit, or private organizations or alliances that help the agency identify community needs and develop plans that meet those needs. Of note, members of the Court Improvement Project's Permanency Group—which includes DCFS staff—continued to provide support and recently presented recommendations to the Board of Juvenile Court Judges that may improve permanency outcomes for children in care.

In addition, each region supports one QIC comprised of medical providers, business leaders, legal partners and representatives from community service and non-profit organizations. During QIC meetings, these representatives discuss local needs and collaborate to better serve the families in their community.

Finally, as noted in the Consultation and Collaboration with Tribes section of this report, our ICWA Program Administrator continues to connect with the federally recognized tribes in the state and works with caseworkers and other administrators to better serve Native American families.

Strengths, Concerns, and Future Plans-Because we are successfully meeting this requirement we will not be allocating additional resources to this item at this time.

Item 32-Coordination of CFSP Services with Other Federal Programs

Purpose of Assessment-To assure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

2010 CFSR Results-This item was determined to be strength.

Current Situation-As noted in the Collaboration section, DCFS coordinates with a number of federal agencies or state partners that utilize federal funds. DWS administers Temporary Assistance to Needy Families funds, which are used to pay Specified Relative Grants to relatives who are caring for a relative's child(ren).

DCFS works closely with the DOH Early Intervention Program and Utah's Head Start Programs to identify children who may be eligible for services through either program. DOH uses Medicaid funding to provide access to nurse case managers who track the medical needs of eligible children in foster care. Using Medicaid or state general funds, DCFS also works with DOH to ensure that health care coverage is available for every child in foster care.

In cooperation with DOH and the Division of Services for People with Disabilities (DSPD), DCFS is able to access Medicaid waiver services for children with intellectual disabilities. DCFS also meets with DOH to coordinate Women, Infants, and Children (WIC) and Early Developmental Screening services delivered to families. Foster children under the age of 5 are automatically eligible for WIC. Furthermore, the Early Developmental Screening program is alerted to every child under the age of 3 who is the victim of a supported allegation of child abuse or neglect.

DCFS also notifies the Utah State Office of Education when a child in foster care is eligible for the free lunch program. This notification is completed automatically, each Sunday night at 11:59 P.M., through a link between SAFE and the Office of Education databases.

Finally, the DHS System of Care, which will enable divisions within DHS to coordinate services delivered to children and youth with complex emotional and behavioral needs and their families, is



supported by a SAMHSA implementation grant, which will, between FFY 2015 and 2017, help support the phased roll-out of the System of Care.

Strengths, Concerns, and Future Plans-DCFS will not be allocating additional resources to this item at this time. As always, we will continue to collaborate with other state and federal programs on all efforts to achieve better outcomes for the families we work with.

FOSTER AND ADOPTIVE PARENT LICENSING, RECRUITMENT, AND RETENTION

Item 33-Standards Applied Equally

Purpose of Assessment-To assure that the state has implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards.

2010 CFSR Results-This item was determined to be strength.

Current Situation-The DHS Office of Licensing, which works closely with, but is independent from DCFS, is responsible for ensuring that approved foster family homes or child care institutions receiving title IV-E or IV-B funds comply with state standards and audits each program frequently.

The Office of Licensing sets standards for foster homes and child care institutions that serve children in the care of divisions within DHS. All Office of Licensing specifications and criteria that guide services delivered by community providers conform to state and federal law and meet recommended national standards. As mentioned last year, the Office of Licensing completed revisions to their foster parent licensing rule, which now provides better support to kinship placements. While variances to licensing requirements are not available for rules that affect the safety of a child, the Office of Licensing now has the ability to approve a variance to a number of other rules (on a case by case basis), which will make it easier for a kin caregiver to accept the child of a relative into their home.

Strengths and Concerns-Since licensing standards are in place and are effective, DCFS will not be allocating additional resources to this item.

Item 34-Requirements for Criminal Background Checks

Purpose of Assessment-To assure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

2010 CFSR Results-This item was determined to be strength.

Current Situation-DCFS monitors the requirements for criminal background checks and, in partnership with the Office of Licensing, periodically reviews licensing files.



The Office of Licensing oversees the criminal background screening and child abuse registry screening process for foster and adoptive parents and works with the Department of Public Safety to ensure that criminal background checks are completed. Background screenings are recorded in the SAFE data management system, which the Office of Licensing uses to track compliance.

Strengths and Concerns-No additional resources are needed in order to accomplish the purpose of this item. The Office of Licensing and DCFS will continue to periodically review licensing files to ensure that background checks are completed.

Item 35-Diligent Recruitment of Foster and Adoptive Homes

Purpose of Assessment-To assure that the state has in place a process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed.

2010 CFSR Results-This item was determined to be strength.

Current Situation-The UFCF, through a contract with DCFS, is responsible for working with each DCFS region to determine yearly recruitment target numbers. The exhaustive plan is highlighted in the Targeted Foster and Adoptive Parent Diligent Recruitment Plan.

During FY 2016, UFCF reported that they met or exceeded their goals for training prospective foster care, adoption, and kinship families.

Resource Family Inquiries and Number Graduated Training					
Month	Inquiries	Foster/Adopt Graduated Statewide Total		Kinship Specific Graduated Statewide Total	
		Goal	Actual	Goal	Actual
Total	2,399	461	503	N/A	166

To bolster their recruitment efforts this year, UFCF also:

- Employed a full-time Spanish Recruitment Specialist who conducts outreach to the Hispanic community along the Wasatch Front, provides Spanish pre-service classes, and supports a Spanish language cluster.
- Employed a full-time Native American Specialist who conducts outreach to tribes, assists staff statewide with AI/AN recruitment efforts, and mentors AI/AN families through the licensing process.

Further information about results of recruitment and training of foster and adoptive parents can be found in the Foster Care Program section of this report.

Strengths, Concerns, and Future Plans-Utah has had a strong relationship with the UFCF for the past 17 years and expects to maintain that beneficial partnership. During FFY 2018, DCFS and UFCF plan to increase efforts that will help tribes and state agencies recruit, train, and mentor American Indian/Alaska Native (AI/AN) foster and adoptive families. DCFS and UFCF will also continue



efforts to provide expanded services to foster and adoptive parents who live in rural areas or who cannot participate in the regional training.

Item 36-State Use of Cross-Jurisdictional Resources for Permanency Placements

Purpose of Assessment-To assure that the state has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placement for waiting children.

2010 CFSR Results-This item was determined to be a strength.

Current Situation-DCFS has a full-time Interstate Compact on the Placement of Children (ICPC) Administrator and assistant who are responsible for processing ICPC requests in a timely manner.

ICPC FFY 2016			
	Incoming	Outgoing	Total
All Adoptions	112	148	260
Foster Care	45	37	82
Parent	36	45	81
Kinship	73	121	194
All Residential	2,152	6	2,158
Closures (the number of closures that occurred during the year)	1,530	249	1,779

Utah also has a contract with the Adoption Exchange and uses many of their resources to find adoptive families for children. The Adoption Exchange's Heart Gallery has helped place children who are free for adoption into families located outside of the county or region in which the child is located and in some cases has found adoptive families—for children in Utah—outside of the state.

In addition, DCFS uses the Casey Family Programs Permanency Round Table process to find permanent families for children that have been in foster care for a long period of time. Permanency Round Tables have helped these children return home, find placements with relatives, or locate placements outside normal channels that are willing to offer the child a permanent home. Permanency Roundtables are evaluated as part of the QCR process. Evaluation of that process is specifically addressed when reviewers interview stakeholders.

Permanency Round Table training, traditionally provided to experts that participate on Permanency Round Tables, has been adapted so that it can be provided to DCFS caseworkers. During this course, participants address the topic of worker bias and identify ways to reduce biases.

Strengths, Concerns, and Future Plans-DCFS has no concerns related to this item and will not be allocating additional resources to it at this time.



PLAN FOR IMPROVEMENT

GOAL #1: CHILDREN ARE SAFELY MAINTAINED IN THEIR HOMES WHENEVER POSSIBLE AND APPROPRIATE. (CFSR Safety Outcome 2)

This goal was selected in response to data collected between 2000 and 2011 that shows that the number of children receiving foster care services increased and the number of children served through in-home services decreased. Objective A is consistent with goals outlined in Utah's IV-E child welfare waiver demonstration project initiated in October 2012.

Objective	Tasks	FFY 2016 Accomplishments
A. Provide caseworkers with skills and new tools that will help them support parents as parents strive to safely maintain children in their homes (part of HomeWorks, Utah's IV-E child welfare demonstration project).	1(a). Implement the CANS-based Utah Families and Children Engagement Tool (UFACET) for HomeWorks (in-home) cases.	This objective was completed in January 2016.
	1(b). Modify and implement the UFACET for use in cases requiring placement of children in an out-of-home setting.	This objective was completed in January 2016.
	2. Implement the CSSP Strengthening Families Protective Factors Framework statewide.	This objective was completed in January 2016.
B. Strengthen the child welfare system's capacity to support parents as they strive to safely maintain their children in their homes (to be accomplished through collaboration between HomeWorks and Department of Human Services System of Care.	1. Partner with state and region System of Care staff and System of Care implementation committees to coordinate the HomeWorks process with System of Care activities and resources.	In progress-The System of Care has been implemented in the Western, Northern, and Southwest Regions and is currently being implemented in the Eastern and Salt Lake Valley Regions. System of Care is expected to be functional statewide by the end of calendar year 2017. The UFACET is being shared with all agencies implementing System of Care and DCFS staff are providing UFACET training to these organizations.
C. Develop a revised safety assessment and planning protocol (Same as CAPTA Changes to Program Area 4 II).	1. Review and revise the plan that will guide the implementation of the new assessment and protocol.	This objective was completed on July 1, 2016.
	2. Develop and disseminate practice guidelines that will guide workers as they use the new assessment and protocol.	This objective has been completed.
	3. Identify and suggest modifications to state rules and statutes that will ensure maximum benefit from the new assessment and protocol.	This objective was completed during FFY 2016.
	4. Develop or enhance data collection tools that will allow the collection of relevant data.	This objective has been completed.
	5. Package, distribute and communicate to agency partners and service providers the value of the new assessment and protocol.	This objective was completed in August 2016.
	6. Integrate the application and use of the new assessment and protocol into existing training.	In progress-New employee training is being modified to incorporate all HomeWorks components and will be implemented in State Fiscal Year 2018.



GOAL #2: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS.
(CFSR Permanency Outcome 1)

This goal supports activities that will enhance the agency's Permanency Framework. Objective A was formulated in response to data provided under Permanency Outcome item 4 that indicates that children in the division's care often experience multiple placement changes.

Objective B (which will not be pursued further and has been deleted from this report) was a direct response to a recommendation in the 2012 legislative audit, conducted by the Office of the Legislative Auditor General, which suggests that DCFS reconsider its decision not to provide Guardianship Assistance Payments to kinship families as allowed by the Fostering Connections and Increasing Adoptions Act of 2008.

Objective	Tasks	FFY 2016 Accomplishments
A. Develop and implement strategies to improve stability of placements for children in foster care and to ensure that changes in placements that occur are in the child's best interest.	1. Follow implementation science protocols to guide exploration, development and implementation activities, including: a. Analyzing data to determine need and prevalence of need, including review of prior efforts to improve placement stability. b. Selecting specific targets to address (population, circumstances, etc.). c. Exploring and evaluating strategies to match the target area needs in relation to need, fit, resources, sustainability, readiness, and capacity to implement. d. Selecting strategies to implement. e. Completing developmental tasks to implement, such as practice guidelines, system programming, etc.	Ongoing
	2. Implement strategies including: a. Updating practice guidelines to reflect the fact that the UFACET is relevant to and used in all program areas. b. Developing a process to be used to accurately document and report kinship placements.	a. This objective was completed during FFY 2016. b. In progress- The collaboration comprised of the Kinship Program Administrator, the Kinship Forum, and Data Team has identified the data elements that provide the most useful information to the Kinship Program and will be developing data that can help workers track unlicensed kinship homes and kinship homes where the child is in the temporary custody of Child and Family Services The Kinship Program Administrator provided training to each region that focused on maintaining and building kinship connections and identifying, notifying, engaging and documenting efforts to place children with kin. Training on how to document kinship services was also provided.



GOAL #3: THE CONTINUITY OF FAMILY RELATIONSHIPS AND CONNECTIONS IS PRESERVED FOR CHILDREN. (CFSR Permanency Outcome 2)

This goal was formulated in response to data listed under Permanency Outcome 2, items 8, 9, and 11 as well as Wellbeing Outcome 1, items 14 and 15 that indicate DCFS has not met the following standards:

- Making concerted efforts to ensure that visitation was of sufficient frequency to meet the needs of the family.
- Making concerted efforts to maintain the child's connections with extended family, culture, religion, community, and school.
- Making concerted efforts to support the parent-child relationships of children in foster care.
- Providing frequent and quality visits between caseworkers and the children.
- Providing frequent and quality visits between caseworkers and mothers and fathers of children.

Objective	Tasks	FFY 2016 Accomplishments
A. Develop and implement strategies to improve the ability to maintain continuity of family relationships and other important connections for children in foster care. Strategies will address a) visitation between parents and siblings, b) visitation between parents and/or the child's siblings and the caseworker, and c) maintenance of a child's connections to community, faith extended family, tribes, school, and friends.	1. Follow implementation science protocols to guide exploration, development and implementation activities, such as: a. Analyzing data to determine need and prevalence of need, including review of prior efforts to maintain connections. b. Selecting specific targets to address (population, circumstances, etc.). c. Exploring and evaluating strategies to match the target area needs in relation to need, fit, resources, sustainability, readiness, and capacity to implement. d. Selecting strategies to implement. e. Completing developmental tasks to implement, such as practice guidelines, system programming, etc.	Ongoing
	2. Implement strategies including: a. Develop, in the UFACET, a section that formally assesses the quality of visitation between a parent and a child when the child is in foster care.	a. Completed during FFY 2016. A section was added to the UFACET that assesses 1) whether the parent is attending and staying for the entire visit, 2) the quality of the parent/child interaction during visits, and 3) whether the parent is demonstrating appropriate parenting skills with each child in foster care. The UFACET also assesses the overall pattern of behavior of the parent during visits but is not required after each visit. While data relating to these new measures are not available, it is being collected whenever foster care cases are updated.



GOAL #4: FOSTER PARENTS, PRE-ADOPTIVE PARENTS, AND RELATIVE CAREGIVERS OF CHILDREN IN FOSTER CARE ARE NOTIFIED OF, AND HAVE AN OPPORTUNITY TO BE HEARD IN, ANY REVIEW OR HEARING HELD WITH RESPECT TO THE CHILD. (CFSR Systemic Factor)

This goal responds to Systemic Outcome item 24 that indicates that the agency needs to assure that the state provides a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child.

Objective	Tasks	FFY 2016 Accomplishments
A. Develop and implement an improved notification system for foster parents and other caregivers of pending review hearings for children in their care.	1. Explore notification options and assess the extent to which each option is capable of reaching all foster parents and caregivers.	Completed
	2. Identify resources that will be needed as DCFS implements the option selected.	Completed
	3. Select and implement notification process including: a. Developing an interface between the court system and the SAFE data management system that will allow SAFE to automatically send an email to the substitute care provider that will notify them of the hearing and advise them that they will be given the opportunity to be heard at the review or hearing.	a. In progress-Programming has been completed and the first beta test conducted. Based on the result of that test, the SAFE and CARE data teams are making changes to interface that will allow all of the desired reports to be generated and shared with foster parents.

FEEDBACK LOOPS

DCFS has formally established a feedback loop between the state office and regions that allow project administrators to monitor the successful implementation of HomeWorks. In addition, on a regular basis, DCFS communicates with our legal partners to obtain feedback or provide answers to their questions. Specifically, DCFS periodically meets with the CIP to provide updates on SDM, a joint DCFS and CIP investment. In addition, the Director of In-home Programs provides regular updates to our legal partners, most recently providing an update on the HomeWorks project—as well as other DCFS/court priorities—at the most recent New Judge Orientation held in November, 2016.

PROGRAMS AND SERVICES

GEOGRAPHIC AREAS AND POPULATIONS SERVED

All programs and services directly provided by DCFS are available statewide to any individual or family residing within the state. Conversely, services delivered by contract providers may be geographically specific and, based on the providers business model, may be only available in limited localities, in limited quantities, or at limited times.

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IN-HOME PROGRAM

The In-home Program provides services that allow at-risk children to remain safely in their own home or facilitate the return home of children who have been placed in the DCFS custody.

Services provided fall under one of five categories:

- Voluntary services (i.e. protective services counseling)
- Court-ordered services (i.e. protective services supervision)
- Intensive short-term services (i.e. protective family preservation) provided to children who are at immediate risk of an out-of-home placement
- Reunification
- Post-adoption services

Total Individuals and Families Served Through the In-home Program			
	Number of Families	Number of Adults	Number of Children
FFY 2012	3,576	5,378	5,900
FFY 2013	3,610	5,533	5,853
FFY 2014	3,758	6,057	6,281
FFY 2015	3,687	6,017	6,214
FFY 2016	3,316	5,712	5,886

The following services are either directly provided by regional DCFS In-home Program staff or through contracts with participating partners:

- Clinical counseling
- Community-based family support services
- Services for preservation of families
- Individual and family counseling
- Parent advocacy
- Parenting skills training and education
- Peer parenting
- Post adoption services
- Protective day care
- Protective services counseling or supervision
- Sexual abuse treatment
- Youth advocacy

Not all services are available statewide.

During FFY 2016, the In-home Program continued to implement HomeWorks, the agencies IV-E child welfare waiver demonstration project. In support of the waiver, the In-home Program Administrator:

- Created a workgroup that is focusing on reducing the amount of paperwork workers need to complete, which will allow workers to spend more time with the families they serve.
- Designed a website that will allow workers to complete the UFACET recertification process online.
- Monitored “saturation,” which measures the degree to which skills and tools have been integrated into caseworker practices. Results show that saturation has been achieved in the Northern, Southwest Regions, and Salt Lake Regions the first three regions to implement the waiver project.
- Provided the first of many waiver related Provider Training sessions, which has stimulated provider’s interest in the UFACET and Strengthening Families Protective Factors framework.
- Partnered with System of Care and JJS to expand the use of the UFACET systemwide.

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The In-home Program will continue to implement HomeWorks during FFY 2018 and expects to provide services to more than 4,000 families during that time.

In addition, the In-home Program Administrator intends to:

- Assist in the revalidation of the SDM Risk Assessment and Risk Reassessment tools.
- Work with the United Way 211 information and referral service to design and implement a DCFS interface that will allow DCFS workers to access contract services in a timely and efficient manner.
- Help all five regions achieve saturation by the end of the fiscal year.

FOSTER CARE PROGRAM

If CPS determines that it is not safe for a child to remain in their home, a child may be placed in foster care with kin, friends, licensed foster parents, or in a group home or residential treatment program. Foster care services consist of:

- Protection, placement, supervision, and care of a child in DCFS custody.
- Reunification services to a parent or legal guardian when a goal of reunification is mandated by the court.
- Services provided to a parent or legal guardian of a child that facilitate the return of the child to their home once a voluntary placement has been initiated.
- Services that facilitate another permanent living arrangement for a child in an out-of-home placement. These services are provided if a court determines that reunification with a parent or legal guardian is not required or is not in the child's best interest.

Foster care services are provided to:

- Children, and the child's parents or legal guardian, when the child is placed in DCFS custody by a court order that stipulates that reunification is the primary permanency goal.
- Children, and the child's parents or legal guardian, when the child is placed in DHS custody by a court order (which stipulates reunification as the primary permanency goal) and DCFS is given primary responsibility for case management or is required to pay for the child's placement.
- Children, and the child's parents or legal guardian, when a child is voluntarily placed into DCFS custody by the child's parents or legal guardian.
- Children, and the child's parents or legal guardian, when a child is court ordered into DCFS custody as a result of delinquency or dependency.

While several statutes in Utah Code (62A 4a-6-602, 78B-6-102, 78B-6-1-114, and 78B-6-1-117) still place limits on who may foster or adopt a child in custody, the Utah Office of the Attorney General-Child Protection Division has indicated that federal law takes precedence over state law and has mandated that same sex or lesbian, gay, bisexual, or transgender individuals have the same right to provide foster care or adopt as does any other couple or individual.

Number of Children in Foster Care		
	Federal Fiscal Year	Point in Time
FFY 2012	4,574	2,671
FFY 2013	4,608	2,690
FFY 2014	4,704	2,841
FFY 2015	4,750	2,608
FFY 2016	4,666	2,660

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Race of Children in Foster Care										
	FFY '12 Number	FFY '12 Percent of Total	FFY '13 Number	FFY '13 Percent of total	FFY '14 Number	FFY '14 Percent of total	FFY '15 Number	FFY '15 Percent of total	FFY '16 Number	FFY '16 Percent of total
African American	287	6%	277	6%	264	6%	275	6%	311	7%
Native American/ Alaska Native	233	5%	211	5%	202	4%	194	4%	191	4%
Asian	32	1%	30	1%	37	1%	45	1%	45	1%
Pacific Islander	64	1%	44	1%	46	1%	64	1%	66	1%
Caucasian	4,093	89%	4,172	91%	4,295	91%	4,327	91%	4,216	90%
Cannot determine / Unknown	9	0%	8	0%	19	0%	12	0%	1	0%
Multiracial- other race not known	12	0%	26	1%	41	1%	47	1%	61	1%
Total	4,574	100%	4,608	100%	4,704	100%	4,750		4,666	
Hispanic or Latino Origin	1,048	23%	989	21%	1,037	22%	1,009	21%	962	21%

Reasons Children Exited Foster Care (Percentage)							
	Reunification	Guardianship to relatives	Adoption	Age of Majority	Transfer to Juvenile Justice	Other	Referred to Outside Organization
FFY '12	42%	15%	27%	10%	3%	3%	1%
FFY '13	41%	16%	26%	10%	3%	4%	1%
FFY '14	39%	18%	28%	9%	2%	3%	1%
FFY '15	39%	18%	30%	8%	2%	2%	1%
FFY '16	38%	18%	30%	8%	2%	5%	1%

During FFY 2016 the Foster Care Program:

- Supported the psychotropic medication oversight panel, which is monitoring psychotropic medications prescribed to children in foster care.
- Provided technical assistance to DCFS staff as they fully implemented the UFACET assessment.
- Began the process of providing UFACET training to contract providers, which will allow providers to participate in the assessment process and interpret assessment findings.
- Assisted in the analysis and creation of an electronic payment system for all providers delivering services to children in foster care and families of those children.
- Helped analyze and design a new placement module in SAFE (the SACWIS system).
- Supported the Child Abuse Prevention Program Administrator who is developing protective factors framework training to be delivered to foster care providers.
- Assisted in the design of new pre-service training requirements for foster parents and developed new on-line training for kinship and foster parents' that addresses these requirements.
- Developed training for foster parents relating to the educational needs of children.
- Planned and delivered a conference for foster parents that focused on relationships between parents and DCFS staff, all in an effort to strengthen those relationships.

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- Crafted an RFP and awarded contracts to proctor care providers whose contracts now include requirements that they implement evidence-based pre-service training and treatment models, which will ultimately lay the foundation for the Therapeutic Foster Care initiative.

During FFY 2018, the Foster Care Program anticipates that it will serve more than 4,650 children in foster care.

To meet the expanding needs of children in foster care, during FFY 2018 the Foster Care Program will also:

- Complete implementation of the electronic payment (e-payment) system for those providing services for children in foster care, including foster parents, proctor parents, all residential providers, as well as providers of therapeutic services.
- Implement a new placement process/module in SAFE (SACWIS).
- Analyze new AFCARS reporting requirements and implement processes that will ensure that DCFS complies with federal regulations.
- Continue training foster parents, private providers, and community partners on the UFACET and the Strengthening Families Protective Factor framework.
- Implement a statewide process to help transport children in foster care to the school they have been attending when a change in living arrangement is necessary, which will help children in foster care attain education stability.
- Pilot test Therapeutic Foster Care, a clinical intervention that places children with severe mental, emotional, or behavioral health needs in specifically trained foster parent homes.
- Implement the Permanency Bench Card, which will ultimately help judges determine if Individualized Permanency is the best permanency goal for a youth or, in the case where a youth already has a goal of Individualized Permanency, will assist judges as they determine if that goal should remain in place.
- Implement a new TAL skills module within the UFACET that will incorporate NYTD language and promote the well-being outcomes outlined in the CSSP Youth Thrive Protective and Promotive Factors framework.
- Assist the Adolescent Services Administrator in the implementation of the First Star Academy, a collaboration with the University of Utah that prepares youth in foster care for college and supports their transition to adulthood.

Resource Family Inquiries and Number Graduated Training					
Month	Inquiries	Foster/Adopt Graduated Statewide Total		Kinship Specific Graduated Statewide Total	
		Goal	Actual	Goal	Actual
October, 2015	191	37.50	34	N/A	13
November, 2015	189	37.50	57	N/A	16
December, 2015	129	37.50	40	N/A	13
January, 2016	212	37.50	51	N/A	16
February, 2016	181	37.50	35	N/A	16
March, 2016	177	37.50	44	N/A	5
April, 2016	227	37.50	59	N/A	17
May, 2016	258	37.50	45	N/A	18
June, 2016	194	37.50	33	N/A	12
July, 2016	139	41.25	29	N/A	11
August, 2016	268	41.25	37	N/A	13
September, 2016	234	41.25	39	N/A	16
Total	2,399	461	503	N/A	166

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As noted in the Targeted Foster and Adoptive Parent Diligent Recruitment Plan, after families were recruited, the Utah Foster Care Foundation (UFCF) provided 32 hours of pre-service training using *The Institute for Human Services Pre-Service Training for Foster, Adoptive and Kinship Parents* curriculum. This training is an evidence-informed planned sequence of learning and meets the requirements for Utah foster parent licensure. Based on a solid understanding of trauma-informed care, resource families learned to place trauma at the center of treatment. 503 potential foster and adoptive parents completed training this year as did an additional 166 kin caregivers.

To maintain their licensure DCFS requires that licensed resource families attend annual in-service training. Last year, in-service training was provided and/or coordinated by UFCF and was held each month in each DCFS region. This training addresses current topics and guides families as they strive to meet the special needs of the children in their care. In all, 816 families received training or renewed their licenses.

During FFY 2016 the Utah Foster Care Foundation:

- Continued to conduct in-service/post-licensure trainings statewide.
- Provided several hundred gifts to children in foster care during December, which were delivered by men and women in the military stationed at Hill Air Force Base in Ogden, UT.
- Continued to solicit both cash and in-kind donations to fund services that directly support resource families and the children for which they care.
- Received thousands of dollars in cash and in-kind gifts and multi-year pledges from generous donors that support UFCF services provided to resource families.
- Coordinated statewide and regional foster parent appreciation events.
- Coordinated a Foster Parent Training Symposium attended by more than 300 individuals.
- Held the annual Chalk Art Festival in downtown Salt Lake during which UFCF garnered wonderful media coverage and drew more than 10,000 people who were informed about the state's need for additional foster parents.
- Employed a full-time Spanish Recruitment Specialist who conducts outreach to the Hispanic community along the Wasatch Front, provides Spanish pre-service classes, and supports a Spanish language cluster group.
- Employed a full-time Native American Specialist who conducts outreach to tribes, assists staff statewide with AI/AN recruitment efforts, and mentors AI/AN families through the licensing process.

To fulfill its mission, during FFY 2018 the UFCF will:

- Work with DCFS administration in each region to conduct a needs assessment, discuss how data reflects placement needs, and create and implement recruitment plans that strive to meet those needs.
- Meet with DCFS regional administration at least twice a year to review the status of recruitment goals and assess if placement needs have changed.
- Complete a redesign of the Utah Foster Care website so that it is mobile device friendly and has up to date, analytics driven content.
- Continue to develop and expand social media and social networking resources so that they can reach a statewide audience.
- Expand the statewide marketing campaign, which will focus on motivating factors identified by current resource families.
- Encourage continued support from our local newspaper, radio, and television media outlets that publish or televise stories that promote current education efforts.

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- Continue to meet with each prospective foster/adoptive parent individually to orient them to the licensing process and listen to their concerns.
- Continue to support regional cluster groups and initiate regional Facebook e-clusters.
- Complete a resource family exit survey report that assesses the reasons that resource families close their licenses and address issues they pose, all in an effort to retain more resource families.
- Complete a series of online pre-service modules that will allow kinship families to complete the required training for licensure online as well as supplement the learning opportunities available to all resource families.
- Continue to add to the number and range of subjects of online in-service trainings in an effort to better meet the needs of resource families.

KINSHIP PROGRAM

If placement with kin is an option, the Kinship Program provides services to non-custodial parents, relatives, friends willing to become a licensed foster parent, or a guardian authorized to care for a child in DCFS custody. Kinship workers help kin families obtain:

A. Financial Support including:

1. Child Support through the Office of Recovery Services (ORS).
2. Public Assistance from the Department of Workforce Services (DWS) including financial assistance, food stamps, or child care.
3. Unearned Income including Social Security or Supplemental Security Income
4. Foster Care Payments for licensed foster parents.
5. Special Needs Payments for children are in a preliminary placement with a kinship caregiver or friend.

B. Health Care Resources including:

1. Medicaid and Children's Health Insurance Program (CHIP)
2. Private Medical Insurance
3. State funding through an MI706 if the child is not enrolled in Medicaid when removed from the home.

Number of Children Placed with Relatives*													
	Aunt/ Uncle	% of total	Grand- parent	% of total	Non- Custodial Parent	% of total	Sibling	% of total	Step Parent/ Step Sibling	% of total	Other	% of total	Total
FFY 2012	604	39%	821	53%	32	2%	46	3%	16	1%	164	11%	1,552
FFY 2013	685	40%	837	49%	67	4%	55	3%	13	1%	182	11%	1,715
FFY 2014	707	39%	905	50%	91	5%	17	1%	30	2%	197	11%	1,805
FFY 2015	703	39%	897	49%	65	4%	36	2%	11	1%	240	11%	1,819
FFY 2016	690	37%	919	49%	54	3%	62	3%	5	1%	298	16%	1,868

*Since percentages are rounded to the nearest full percentage point, sums of the percentages in a row may total more than 100%



During the 2017 Utah Legislative Session, the Kinship Program Administrator supported state legislators who proposed and passed House Bill 185 “Office of Licensing Amendments,” which amends background check requirements for individuals who have direct access to children or vulnerable adults. Specifically, this bill defined “incidental care” as “occasional care, not in excess of five hours per week and never overnight, for a foster child” and now allows an individual—without a background screening—to provide incidental care for a foster child when the foster parent has used “reasonable and prudent judgment” to select the individual to provide the incidental care for the foster child.

Last year, the Kinship and ICWA Program Administrators attended Tribal and Indian Issues Committee meetings held in Salt Lake City and Ibapah and subsequently met individually with the Confederated Tribes of the Goshute Reservation and the Northwestern Band of the Shoshone Nation located in Brigham City. During those meetings, the Program Administrators not only enhanced relationships with the various tribes but described the programs and services provided through the state’s Kinship Program, identified kinship resources available to tribal members, and discussed ways that the state and tribes can work together to increase the number of culturally appropriate kinship placements available to Indian children.

To support the latter, the Kinship Program Administrator and the ICWA Program Administrator recently revised the “Guide to Kinship Care” pamphlet—made available to all potential kin families—which now includes the definition of “relative” as defined by ICWA and is more relevant to American Indian families.

The Kinship Program Administrator also participated, with Utah’s Tribes, in a one-day “Recruitment of Native American Foster Homes” forum coordinated by UFCF and participated in the development of the ICWA Recruitment and Retention plan coordinated by the Casey Family Programs in connection with the Casey Family Programs National ICWA Recruitment and Retention Project.

Also, during FFY 2017, the Kinship Program Administrator:

- Prepared a plan, in conjunction with the kinship forum and DCFS SAFE project analysts that will help DCFS Kinship Services accurately collect identifying data relating to unlicensed kinship homes as well as kinship homes where the child is in temporary DCFS custody.
- Cooperated with the Office of Licensing to revise home study requirements, develop a homestudy template, and revise all forms that must be provided to OL with the home study including the caregiver application, safety inspection, reference letter, medical form, and questionnaires, which are now filed in webSAFE.
- Developed, in conjunction with the Office of the Attorney General and Utah District Juvenile Court judges, the *Kinship Placement Report*, which CPS will provide to the courts to document the reasons that a child has been placed in a kinship placement.
- Held monthly Kinship Forums during which: a) the Office of Recovery Services (ORS) provided a presentation on their processes and introduced the group to applicable recovery services forms, b) a SAFE Analyst provided ongoing updates on changes to webSAFE, and c) the Southern Utah Office of Licensing Administrator provided ongoing support and identified changes to licensing requirements.
- Met regularly with the Permanency Discussion Group—whose membership includes all members of the DCFS Program and Practice Improvement Team—that is finalizing a Permanency Bench Card that judges may use to explore various permanency options (including a kinship placement) for a youth leaving foster care to another placement type or when the youth is transitioning out of foster care to individualized permanency.
- Identified a process, in collaboration with the GrandFamilies Program, that will: a) enable caseworkers to better communicate to GrandFamilies the needs of families seeking assistance



from both agencies, b) help families complete the DWS application for services, and c) encourage cross-training of DCFS and GrandFamilies staff.

- Provided training in all five DCFS regions that stressed the importance of building kinship connections and the need for identifying, notifying, and engaging kin as well as documenting efforts to place children with kin.
- Coordinated *Search for Kin Training* provided by Thompson Reuters.
- Worked with the UFCF to ensure that training to kinship families is accessible and relevant to kin families and developed a kinship online training course that is compatible with the in-class training provided by UFCF or that can be provided remotely, when necessary, to make it more accessible to families living in rural areas.

During FFY 2018, the Kinship Program expects to serve approximately 1,750 children who are placed with kin. To augment existing services and to improve placement stability for children in kinship placements, the Kinship Program Administrator will:

- Initiate and monitor the plan that will ensure that Kinship Program staff provide timely accurate data.
- Implement on-line training that shows staff how to adequately document kinship placements.
- Test, in cooperation with the Office of Services Review (OSR), a new Case Process Review (CPR) question that will evaluate caseworkers' conformance with the requirement to identify and notify relatives within 30 days of the child coming into care.
- Update DCFS Kinship Practice Guidelines so that they support current state statute.
- Finish translating all kinship forms into Spanish.
- Update the Preliminary Placement Packet that is provided to a family whenever a preliminary placement is made.
- Develop, in coordination with the ICWA Program Administrator, kinship training to be provided to Native Americans living outside of tribal lands or that can be adapted by tribes for their use.
- Hold a Kinship Summit that will teach kin families, community partners, and DCFS staff how to work with local and state courts, which will assure that kin caregivers and the children they care for receive appropriate and beneficial services.
- Attend the Generations United Conference, in Milwaukee, Wisconsin, an event where participants will "plug into the latest trends, topics, research, and resources in the intergenerational field."
- Participate in the Kinship Grand Rally in Washington D.C. on May 10th that will include discussions with local and national leaders relating to the development of legislation and policies supporting kinship care and will highlight "the critical role kinship families play in providing safe, loving, permanent families for children."

ADOPTION PROGRAM

The Adoption Program strives to provide an adoptive home for every legally free child in DCFS custody as well as for children in DCFS custody where adoption has been determined to be the most appropriate permanency goal. The Adoption Program also provides support and adoption assistance to an adoptive family of a child with special needs.

Families that wish to become adoptive families, including kin or Child and Family Services employees, must meet all of the following requirements:

- A. Complete the adoption training program approved by Child and Family Services (preferably before the child is placed in the home).

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- B. Be assessed and approved as an adoptive family following completion of a home study by a licensed child placement agency.
- C. Obtain a foster care license issued by the Department of Human Services, Office of Licensing, or meet the same standards, or receive a written waiver of a standard.
- D. Receive a determination by Child and Family Services that no conflict of interest exists in the adoption process

Number of Finalized Adoptions from Foster Care and Kinship Placements		Average Number of Months Adoption Cases are Open	
	Total	Unlicensed Kinship	Foster Care including Licensed Kinship
FFY 2012	625	12	18
FFY 2013	626	13	18
FFY 2014	664	12	20
FFY 2015	771	13	19
FFY 2016	707	12	19

During FFY 2017 the Adoption Program Administrator:

- Worked with region staff to develop processes that ensure that workers consistently assess the need for adoption subsidies and accurately calculate the subsidy to be provided to adoptive parents caring for children with special needs.
- Collaborated with region caseworkers to develop purchase of service agreements with private adoption agencies serving families that live in another state who want to adopt a child from Utah.
- Reviewed the DCFS definition of guardianship and revised guardianship practice guidelines, with the intent to reduce the number of children with an Individualized Permanency goal and improve the permanency of children in—or who may be placed in—a guardianship placement.
- Assessed the needs of children with an Individualized Permanency goal to determine if there were adoption, guardianship, or kinship placement alternatives that could help increase the number of children that exit care to a legal and permanent family.
- Revised post-adoption practice guidelines so that they support workers efforts to increase services provided to adoptive families, which will ultimately affect the number of adoptive children that reenter foster care.
- Identified financial strategies that will make it possible for IV-E Adoption savings to be used to provide increased, in-home, treatment, and respite care services to adoptive families.
- Implemented an MOU with the Division of Services for People with Disabilities (DSPD) that stipulates that DSPD will share costs for waiver and other services provided to adopted children with disabilities, which has enabled a greater number of children with special needs to be adopted.
- Met with DSPD on a monthly basis to coordinate services delivered to adopted children with disabilities.
- Worked with the University of Utah College of Medicine-Psychiatry Department on efforts to include Indian children and children adopted from foster care in a research study that is designed to pinpoint the effects of FASD on children.
- Helped coordinate the Adoption Exchange Heart Gallery's kick-off campaign at the Utah State Capitol during which the Heart Gallery encouraged families to consider adopting one of the more than 40 older youth in need of permanent families.
- Delivered Pathways to Adoption training (based on Parents as Tender Healers) to over 600 pre-adoptive foster, adoptive, and kinship parents during which those attending received instruction on how to parent children who have spent time in the child welfare system and

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that a) may have experienced fetal drug or alcohol exposure or b) may have suffered trauma, grief, and/or loss.

- Coordinated regionally-based—instead of statewide—adoption conferences and educational opportunities, which made it possible for more than 320 parents to participate in those events.
- Held regionally-based—instead of statewide—conferences for mental health professions during which more than 300 mental health professionals were introduced to a number of complex trauma intervention strategies.

The Adoption Program anticipates that more than 675 children will be adopted from foster care or from placement with a relative during FFY 2018.

During FFY 2018 the Adoption Program Administrator will:

- Cooperate with DCFS data analysts and technology services project managers to develop a new e-payment process that will expedite the payment of adoption subsidies.
- Provide training to adoption workers on the new e-payment system.
- Devise a method to pay supplemental adoption funds to individual children through the DCFS provider payment system.
- Initiate a data collection system that will be used to evaluate whether the skills taught in the Pathways to Adoption training are being utilized by families and assess whether the training affects children's placement stability.
- Conduct a regional training for adoptive parents and adoption professionals that will focus on strategies that promote stability for children.
- Work with regional DCFS staff to coordinate Wendy's Wonderful Kids recruiter and DCFS staff efforts to promote stability and permanency for older children.

RESIDENTIAL TREATMENT PROGRAM

Residential treatment services are provided to children who have severe emotional and/or behavioral difficulties and—because of their need for more intensive treatment and supervision—cannot be managed in traditional family or community settings.

As noted in Practice Guidelines 301.12-*Residential Care*, children who qualify to be screened for residential placements will meet the following requirements:

1. Is inappropriate for less restrictive placements or there are no other placements available to meet the child's needs.
2. Is not able to function on a daily basis in a family environment.
3. Needs more structure than is available in a traditional family setting.
4. Requires 24-hour supervision.

To ensure that a residential treatment placement is appropriate and meets a child's therapeutic needs, the Residential Treatment Program Administrator provides support to DCFS staff who assess the need for residential treatment services and consults with region caseworkers, supervisors, clinical consultants, and contract specialists when a significant clinical question about a client arises or when a child has another high level need.

The Program Administrator is an active member of the DCFS-Trauma Leadership Workgroup that is developing and implementing specific activities that will help build and support a trauma-informed network of training and services that address the trauma and secondary trauma related needs of the agency's clients' and workers. Currently that workgroup is collaborating with a research consultant in



the DHS-Office of the Executive Director to develop a concise provider survey that will be used to determine to what extent contracted services are trauma-informed.

During the second phase of this initiative—after the surveys have been collected and analyzed—the workgroup may also develop a process that will help them determine the specific trauma treatment models utilized by provider organizations.

In addition, the Residential Treatment Program Administrator is a member of the department level System of Care that is developing a model that will be used to deliver behavioral support, crisis intervention, and respite care services to families who are involved—or may become involved—with more than one division within the department and who have a child with identified behavior problems that without additional support may require the child to be placed in an out-of-home placement.

Likewise, the Residential Treatment Program Administrator is a member of the DHS High Level Staffing Committee, which reviews difficult cases presented by any division within the department and devises solutions to barriers faced by clients with high level needs.

The Program Administrator is also working with the System of Care-Assessment and Treatment Contract Workgroup to develop language that will be included in department-wide contracts issued to individuals or community agencies that conduct Medicaid and non-Medicaid mental health, psychiatric, substance abuse, or other mental health assessments. And, in conformance with House Bill 239-*Juvenile Justice Amendments*, the Residential Treatment Program Administrator is working on department level residential contract procurement to devise performance measures for residential treatment programs that provide care, treatment, and supervision for youth who receive services through DHS.

Number of Children Served in Residential Placements						
	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016	Point in Time (4/1/17)
Level V	1,251	1,124	1,243	1,218	1,305	184
Level VI	570	537	516	479	440	83
Level VII	164	174	188	200	209	15
Other (including Individual Residential Treatment Services-IRTS)	262	267	327	304	290	192
Total Unduplicated Count	1,661	1,557	1,759	1,706	1,734	474

Also in support of children requiring treatment in a residential care setting, last year the Residential Treatment Program Administrator:

- Provided technical assistance to the DCFS workgroup developing Therapeutic Foster Care practices and procedures that will support the placement of children with severe mental, emotional, or behavioral health needs in placements with highly and specifically trained foster parents.
- Participated in monthly Continuity of Care meetings that concentrate on the needs of youth in custody placed at the Utah State Hospital.
- Discussed treatment and placement options with the Division of Substance Abuse and Mental Health (DSAMH) whenever they identified children or youth who were at risk of coming into DCFS custody or when DCFS identified a child or youth that needed specialized mental health or substance abuse treatment.

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- Supported regions that conducted utilization reviews for children who have been in a residential placement for a long period of time.
- Conducted site visits to residential treatment programs and offered insight on the unique needs faced by children in state custody.
- Attended the National Association of Children's Residential Centers Conference in Portland, Oregon and became member of the association.

In addition to continuing to provide the support listed above, during FFY 2018 the Residential Treatment Program Administrator expects to:

- Make site visits to each of the contracted residential treatment programs.
- Seek technical assistance from the Utilize National Association of Children's Residential Centers' and utilize their research on evidence-based practices, online journals, and webinars as the division and department seeks to procure resources and enter into contracts with residential treatment centers that will provide services to clients with high level needs.
- Work with a DCFS collaboration comprised of region and state office technical experts who will conduct a needs assessment that will guide the procurement of services for children with unmet needs, including those with autism spectrum disorder, learning delays or other related disabilities.

PROMOTING SAFE AND STABLE FAMILIES SERVICE DESCRIPTION

FAMILY PRESERVATION SERVICES

Family Preservation Services help parents safely care for their children in the home as well as help stabilize families with children who have returned home from foster care. A majority of Family Preservation funding is allocated to the five DCFS regions, which in turn use funds to increase the number of family preservation staff available in the region or to provide flexible funding to families requiring services or supports that help those families keep their children safely in their homes.

Examples of services paid for using these flexible funds include:

- Mental health and substance abuse treatment and post-treatment supports.
- Wrap-around services that address mental health and educational needs.
- Funding for transportation of family members to school, work, or medical appointments.
- Short-term housing supports including deposits, rent payments, or utilities.

Family Preservation Services funding is also used to support an In-home Program Administrator who is responsible for achieving key HomeWorks milestones.

Number of Cases Receiving Services Funded Using Family Preservation (FPF) Funding	
FFY 2012	723
FFY 2013	777
FFY 2014	664
FFY 2015	436
FFY 2016	393

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The approval for use of Family Preservation Services flexible funds is administered at the regional level. In all five regions, caseworkers work with their supervisors to develop a specific request for services and then submit that request to a designated financial manager—or review committee—that oversees the utilization of flexible funding and uses their authority to either approve or reject the request.

FAMILY SUPPORT SERVICES

Individuals Served Utilizing PSSF Family Support Funding							
	Children	Children with Disability	Adults	Adults with Disability	Families Served	Total Clients	Total Clients with Disability
PSSF	1,313	43	588	33	2,340	1,901	76

Family Support Services funding is used to pay for intensive in-home intervention services designed to teach parenting skills to at-risk parents. Effective January 1, 2016, a new contract with Utah Youth Village became effective, which enables that organization to deliver *Families First*, an evidence-based in-home service provided to HomeWorks families that need to strengthen their family functioning capacities. In the coming year, Family Support Services funds will be used exclusively to fund these contracted services, which will be available in each of the five DCFS regions—but not necessarily to all communities in each region.

The *Families First* program, as reported by the California Evidence-Based Clearinghouse, “utilizes the Risk, Need, and Responsivity Model for intervention with at-risk youth and families through 3-4 home visits per week totaling 6-10 hours per week, typically lasting 10-12 weeks. Individual responsivity factors are assessed so the worker can tailor the intervention to the youth and family. While the youth’s specific risk factors are targeted, the risk factors related to the home environment (e.g., parental relationships, supervision, structure, discipline, etc.) and the social environment (e.g., peer associations, community involvement, relationships, etc.) are also targeted. The specific implementation of the *Families First Program* is carried out using a 6-phase model within the framework of the Teaching Family Model. This treatment approach began in the 1960s at the University of Kansas. Its basis is in cognitive behavioral approaches, social learning theory, modeling, and a strength-based emphasis on actively teaching and role-playing skills that promote positive client and family outcomes.”

Highlighting the benefits of the program, the California Evidence-Based Clearinghouse notes that:

- In home visits and skills will empower parents to be able to effectively intervene with their children using proven effective parenting techniques.
- In home visits that actively teach children, parents, and families prosocial skills will promote long-term sustainable change.
- Family relationships will improve through intensive in-home visits that will help decrease parent-child conflict.
- As a result of the in-home intervention, risk factors associated with at-risk populations will be turned into protective factors.

TIME-LIMITED REUNIFICATION SERVICES

Time-limited Reunification Services are provided, for up to 15 months from removal, to children in foster care who have a goal of reunification or who have reunified, and to their parents or caretakers with whom the child will reunify.

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These funds are primarily used to provide:

- Individual, group, and family counseling or other mental health services for parents or foster children.
- Inpatient, residential, or outpatient substance abuse treatment services for parents or foster children, including initial fees and costs associated with drug courts and drug testing.
- Services to provide temporary protective childcare or other therapeutic services.
- Assistance to address domestic violence treatment or other needs for services.
- Peer parenting services.
- Transportation to or from services and activities listed above.

Time-limited Reunification Services funds are allocated from the state office to regions based on the proportion of children that have been in foster care less than 15 months and have a goal of reunification. The approval process for use of Time-Limited Reunification Services funds is the same as that used to approve use of Family Preservation Services flexible funds.

Number of Cases Receiving Services Funded Using Time- Limited Reunification (FPR) Funding	
FFY 2012	446
FFY 2013	475
FFY 2014	370
FFY 2015	211
FFY 2016	150

ADOPTION PROMOTION AND SUPPORT SERVICES

The Adoption Program primarily uses Adoption Promotion and Support Services funding to:

- Help pay for special services—delivered to adoptive children and their families—that are not available from other sources, specifically those that will help adoptive families deal with the high cost of services for a child with special needs.
- Pay for travel and education expenses for adoptive parents who attend seminars or conferences that educate parents about the specialized needs of adoptive children.
- Provide training to adoptive parents or regional adoption staff through state level or regional level adoption conferences.
- Help with care and supervision costs when adopted children need out-of-home treatment.
- Pay for hourly, weekly, or monthly respite care for adoptive families.

Number of Cases Receiving Direct Services Funded Using Adoption Promotion and Support (FPA) Funding	
FFY 2012	261
FFY 2013	296
FFY 2014	313
FFY 2015	251
FFY 2016	220

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EXPENDITURE OF PROMOTING SAFE AND STABLE FAMILY FUNDING

DCFS anticipates that it will expend PSSF funding as follows:

PSSF Funding Distribution	
Service Category	Percentage
Family Support	20%
Family Preservation	38.5%
Adoption	20%
Reunification	20%
Administration and Training	1.5%

Planning costs are included on the Administration and Training line item.

POPULATIONS AT GREATEST RISK OF MALTREATMENT

The means used to identify populations at greatest risk of maltreatment are the same as reported in the 2015-2019 CFSP. DCFS does not use one specific tool or process to identify these populations but uses existing federal and state statute, rules, guidelines, results qualitative case reviews, client specific data, and information gleaned from committees or collaborations to pinpoint populations requiring services. Data used to identify at-risk populations, specifically those that may benefit from secondary and tertiary prevention services, is acquired from a number of sources including:

- The Statewide Assessment, which is an evaluation of organization and community needs that DCFS prepared for the 2010 CFSR.
- The SAFE database, which is used to collect case related demographic and service delivery information.
- Case Process Reviews (CPR) and Qualitative Case Reviews (QCR) conducted jointly with OSR.

Various committees and organizations—including the DCFS Trends Committee, State Leadership Team, Quality Improvement Committees (QICs), the CWIC, the Utah Association of Family Support Centers, the Department of Health's Office of Home Visiting, as well as providers and other organizations—review research and interpret data from a number of sources and have identified the following as populations most at risk of maltreatment:

- Families that may not be aware of available services due to ethnic, racial, cultural, gender, and/or language barriers.
- Families isolated from programs and services due to their geographic isolation.
- Individuals or families who are economically disadvantaged or homeless.
- Individuals who are substance abusers and their families.

In addition, as part of the IV-E child welfare waiver demonstration project planning process, DCFS identified the following as focus areas to which enhanced in-home services will be targeted:

- Substance abuse
- Domestic violence
- Trauma
- Mental health
- Family functioning
- Access to concrete supports such as financial and housing resources

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SERVICES FOR CHILDREN UNDER AGE FIVE

DCFS actively seeks to reduce the length of time that young children under age five are in foster care and without a permanent family. Utah defines a “child without a permanent family” as a child in DCFS custody whose parent’s rights have been terminated by court order.

A child in any out-of-home placement who has a permanency goal of reunification is not considered a child “without a permanent family.” In this case efforts are made to reunify children with their parents as early as is safe for the child. At the same time that workers provide reunification services they also identify a concurrent permanency goal, which includes active efforts to identify a permanent family for the child in the event that reunification is not successful.

In order to gain permanency for a child under five whose parent’s rights have been terminated and a permanent family has not been identified, a permanency worker, with the assistance of the placement committee, will:

1. Ask the child’s caretakers at its current placement if they want to adopt the child, if the caretaker has not already committed to adopting.
2. Seek kin that may want to pursue a kinship adoption.
3. Survey licensed foster-to-adopt families for their interest in adopting the child.
4. List the child on The Adoption Exchange website.
5. Place information about the child on the AdoptUSKids website.

Gender of Children Under the Age of 5					
	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016
Male	647	644	616	753	762
Female	580	552	695	693	717
Total	1,227	1,196	1,311	1,446	1,479

Race of Children Under the Age of 5					
	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016
Abandoned-Can't Say	1	2	0	0	1
Am Indian/Alaska Native	47	49	47	48	45
Asian	10	10	9	11	9
Black	66	65	52	70	87
Cannot Determine/Declined/incapacitated	8	9	4	3	3
Multiracial-other unknown	6	15	18	22	32
Pacific Islander	16	9	11	23	19
White	1,120	1,104	1,233	1,350	1,367
Hispanic Origin	350	257	201	270	275
Total Children (unduplicated count)	1,298	1,227	1,196	1,446	1,479

Note: a child may report more than one race.



Permanency Goal for Children Under the Age of 5					
	FFY 2012	FFY 2013	FFY 2014	FFY 2015	FFY 2016
No Goal	111	116	131	121	112
Reunification	924	908	1,004	1,112	1,165
Adoption	387	386	402	486	494
Individualized permanency	3	2	0	0	0
Guardianship (non-relative)	4	1	2	2	3
Guardianship with Relative	8	11	12	9	18
Total Children (unduplicated count)	1,227	1,196	1,311	1,446	1,479

For Children Under Age 5 Who Exited Custody, Percent Exiting by Reason and Median Months in Custody										
	FFY2012		FFY2013		FFY 2014		FFY 2015		FFY 2016	
	Percent	Median Months in Custody	Percent	Median Months in Custody	Percent	Median Months in Custody	Percent	Median Months in Custody	Percent	Median Months in Custody
Adoption	41%	13	42%	12	40%	13	42%	14	43%	14
Reunification with Parent/Guardian	43%	8	43%	9	40%	11	40%	11	38%	10
Custody to Relative	13%	3	14%	2	17%	2	16%	2	16%	3
Other	2%	2	1%	1	4%	2.5	2%	3	2%	0.7

When parental rights are terminated and a child in custody under age 5 becomes eligible for adoption the median length of time it takes for the child to be adopted is 14 months. If reunification is the appropriate permanency goal, the average time it takes a child to be reunified with their parents is 10 months. When a kinship placement becomes available the median time for a child to be placed with relatives is 3 months.

All children under the age of two are required to receive a Child Health Evaluation and Care (CHEC) exam and all children under the age of three are required to receive an annual dental exam. During FFY 2016, one hundred-percent of children in these age ranges received the required exams. For infants and children 4 months to 36 months the Ages and Stages (ASQ) and ASQ-Social Emotional is used to determine the need for further developmental/mental health assessment. If a child scores below a recommended level, a caseworker will refer the caregiver—within 30 days of the return of the ASQ questionnaire—to the Baby Watch Early Intervention Program (BWEIP) for evaluation and services.

SERVICES FOR CHILDREN ADOPTED FROM OTHER COUNTRIES

During the 2017 Utah State Legislative session, the Utah State Legislature passed House Bill 199 “High Needs Children Adoption Amendment” that addresses the needs of children adopted from other countries. Specifically, a child placing agency must provide prospective adoptive parents of a high needs child with: a) the child’s social history, including a description of the conditions in the child’s country of origin that may have an impact on the child’s physical or mental health, b) a record of whether the child was exposed to alcohol or drugs, and c) notification of any institutionalization or previous adoptive or foster placements. In addition, the child placing agency must provide pre-placement training to prospective adoptive parents that includes information about how trauma and fetal drug and alcohol affects a child’s development and consequent behaviors.

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For parents that have adopted a child from another country that require support, DCFS helps identify parent training or treatment options available to the parent and provides referrals to other appropriate community resources as needed. If a family is struggling and the adopted child is at risk of coming into foster care, DCFS will provide in-home services. Services include a clinical assessment and any of the family preservation services outlined in the In-home Program section. DCFS can also help the parent access mental health support or residential treatment services that meet the parent's income needs or are available through their insurance carrier.

Parents with children adopted from another country can access the www.utahadopt.org website 24 hours a day. That website is updated regularly and contains a number of beneficial resources including parent support groups and cultural awareness activities. The website also includes a lending library, which has a variety of books and tapes that address special issues related to inter-country adoptions. Parents of children adopted from other countries are also invited to attend the annual adoption conference. Numerous workshops focus on cultural sensitivity and all are relevant to families adopting children from other countries.

PROGRAM SUPPORT

TRAINING AND TECHNICAL ASSISTANCE

Following are a sample of groups and organizations that have provided advice, information, data, or technical assistance, and have influenced the goals outlined in this plan:

- The Trend Analysis Committee—comprised of region and state office Practice Improvement Coordinators, Associate Regional Directors, representatives of the SAFE, Evaluation, and Research Team, and Program Administrators—interpreted CPR and QCR data and developed recommendations regarding changes they believe will improve policies and procedures, practice guidelines, or casework practices.
- Quality Improvement Committees (QICs) identified organizational obstacles and evaluated the extent to which the child welfare system is successfully discharging its protection responsibilities.
- Primary Children's Medical Center provided information and data regarding the health needs and outcomes of children in the child welfare system.
- The Children's Justice Center reviewed and supported child abuse and neglect related operations, initiatives, and legislation.
- Regional and State Youth Councils—comprised of youth who are currently in foster care or who are foster care alumni—provided information to DCFS and other agencies about systemic barriers faced by youth in foster care as well as shared experiences about their involvement in the child welfare system.
- The DHS Tribal and Indian Issues Committee addressed issues of common concern to DHS and Utah's tribes.
- Utah tribes shared information and concerns relating to the care and custody of Indian children during quarterly Tribal Leaders Meetings.
- University researchers and evaluators identified needs of children and families and assessed the effectiveness of services provided throughout the child welfare system.
- Casey Family Programs promoted new innovations and initiatives that strive to reduce the number of children in foster care.



PROVIDED TO ANOTHER AGENCY

As in previous years, most technical assistance provided by DCFS to local government and non-profit agencies centered on the implementation of HomeWorks, the division's IV-E child welfare demonstration project. Great efforts have been made to train and mentor our legal partners—including the CIP, Office of the Attorney General Parental Defenders and Assistant Attorneys General, and judges of the juvenile courts—on the application of the tools and skills being implemented as part of the project. In this regard, last year the Director of In-home Programs provided a presentation during the New Judge Orientation during which the director provided an overview of the DCFS Practice Model, identified division priorities, oriented new judges to the SDM and UFACET assessments, and introduced them to the HomeWorks project.

The HomeWorks team continues to promote the skills and tools implemented through the project and last year provided UFACET training and technical assistance to DJJS, which is implementing a modified version that will be used to assess the needs of children in their custody. Contract providers, which are using the assessment to craft specific services that meet client needs identified by the assessment, also received training.

Furthermore, last year a team from Arizona visited Utah and, with the support of the HomeWorks staff, spent time delving into Utah's project. The Arizona team received information about Utah's waiver processes, practices, and procedures, which will hopefully help them refine and administer their waiver project.

In addition, last year the Intake Program Administrator provided staff with the Division of Adult and Aging Service's (DAAS)-Adult Protective Services (APS) an orientation to the DCFS intake process and provided advice that will help DAAS upgrade their APS hotline.

The Professional Development Team continued to consult with community partners that are developing agency specific trauma-informed services and training. Likewise, the Trauma Workgroup is working with the department and community agencies to identify treatment models that incorporate a trauma-informed approach.

Finally, as mentioned in the Consultation with Tribes section below, the ICWA, Adolescent Services, Kinship, and Domestic Violence Program Administrators continued to consult with Ute Social Services, provided guidance to the Confederated Tribes of the Goshutes and Northwestern Band of the Shoshone Nation, or provided information about their programs during quarterly Tribal Leaders Meetings.

RECEIVED FROM ANOTHER AGENCY

The Praed Foundation continues to support the development and refinement of the UFACET—a CANS based assessment being implemented as part of the HomeWorks IV-E child welfare waiver demonstration project—and is providing guidance as we design online training that will enable caseworkers to recertify and update their UFACET credentials.

The Foster Family-based Treatment Association continues to help staff analyze systemic issues faced when placing children in foster care and has provided tremendous help in providing information that will enable DOH and DCFS to add Therapeutic Foster Care as one of the state's levels of care.

The Casey Family Programs continues to fund initiatives and provide expertise on a number of projects designed to reduce the population of children in foster care and has provided key support to the implementation of the HomeWorks IV-E child welfare waiver demonstration project.

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In addition, CSSP suggested language to be placed in the UFACET that will help measure the level to which families are utilizing the Strengthening Families Protective Factors. Furthermore the Children's Research Center (CRC) will be supporting efforts to update and revalidate the SDM Risk Assessment and SDM Risk Reassessment.

TRAINING AND TECHNICAL ASSISTANCE NEEDS FOR FFY 2016

The Utah State Courts will provide key technical assistance and guidance as DCFS implements the new regulations mandated by SB 266-*Division of Child and Family Services Appeals*, which establishes time frames for expungement of a division allegation finding and requires the division to make rules regarding expungement of a division allegation finding, which is typically retained in SAFE.

DCFS will receive assistance from the CRC as the division updates and revalidates the SDM Risk Assessment and SDM Risk Reassessment and will continue to seek assistance from the Foster Family-based Treatment Association as we expand and enhance Therapeutic Foster Care services.

DCFS will continue to seek technical assistance from the National Electronic Interstate Compact Enterprise and the AAICPC as the agency integrates the new NEICE ICPC data collection system into the division's SAFE database and anticipates that it will continue to receive technical assistance from Casey Family Programs, which is funding and providing guidance to several DCFS initiatives that are designed to reduce the population of children in foster care.

Lastly, DCFS will continue to receive technical assistance from the Praed Foundation as we implement the UFACET recertification process and from the CSSP as we integrate the Youth Thrive Protective Factor Framework language into the new TAL Utah Family and Child Engagement Tool (TAL UFACET) skills module.

RESEARCH AND EVALUATION

Each year, the Information Systems, Evaluation, and Research Team responds to hundreds of requests from community partners, researchers, students, quality improvement committees, division and department administrators, and employees that ask for service and outcome related data. In addition, the team works with local and national researchers on numerous projects that are designed to add to the child welfare knowledge base or that affect the way child welfare services are delivered.



Following is a synopsis of research activities currently supported by the division.

Research Title	Research-Description	Status
Parental Decision-Making around Childhood Adversity	This is a mixed-methods study to improve the understanding of parental decision-making related to child well-being after exposure to childhood adversities, including violence, abuse, neglect, and other household dysfunction. Parents of children between 2-12 years of age with a recent CPS finding of child physical abuse or neglect will be contacted by a DCFS employee subcontracted for the purposes of this study. Parents will be provided a basic introduction to the research and asked for permission to release contact information to the researchers. A consent cover letter will be mailed to consenting parents and contact information will be provided to the researchers. Researchers will contact these parents by phone, explain the study in detail, and review full consent documentation with contacted parents. Parents consenting to study participation (n=174) will proceed with a 30-60 minute survey related to childhood adversity, child well-being, parental response to child well-being, and demographic information. A subset of these parents (n~30) will be recruited to participate in a qualitative interview to explore common experiences related to parental decision-making around child well-being among children who have experienced adversities. These two study methods will be merged for analysis and interpretation.	Data collection ended – analysis in progress
Youth Experiences with their Guardian ad Litem	15-20 youth who have a Guardian ad Litem will be interviewed to assess the effectiveness of support provided by the Guardian ad Litem. Results are expected to be included in a graduate student's thesis.	Ongoing
Collaborative Care for Infants at Risk	Recognizing the vulnerability of infants referred into child welfare in the first year of life, as well as the frequent contact of infants with health care providers in the first year of life, the study will conduct a randomized controlled trial (RCT) to measure the impact of a collaborative practice model linking child welfare caseworkers with primary health care providers during an investigation for suspected infant maltreatment. With this trial, the study will ask (3a) "Can a collaborative practice model improve parent reported infant health-related quality of life 6 months after child welfare involvement for suspected infant maltreatment?" (3b) "Does a collaborative practice model impact repeat child welfare involvement for suspected child maltreatment over 6 months?" and (3c) "Can a collaborative practice model change parent perceptions of quality of CPS caseworker and/or primary health care provider involvement?"	Preparing to start data collection

Additionally DCFS continues to work with the University of Utah Social Research Institute on a project initiated in FFY 2012 that:

- Developed a system for continuous program evaluation and quality improvement that will enable DHS/DCFS administrators and out-of-home contract providers to assess providers programs and determine how programs can be improved. Specifically, the evaluation:
 - ☐ Measures a program's adherence to evidenced-based practices.
 - ☐ Assesses program outcomes.

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- ☐ Provides ongoing consultation and education to providers in order to improve quality of services.
 - ☐ Evaluates the UFACET tool.
 - ☐ Examines the decision making process of casework.
 - ☐ Examines the factors that affect the decision to remove.
- Developed a means to report the results of the performance-based outcome measures on an Internet-based website that will serve as a “dashboard,” which DHS/DCFS administrators and program staff use to view the current status of a provider’s program.

The development of a provider evaluation tool is complete and is being used to conduct ongoing evaluations.

MANAGEMENT INFORMATION SYSTEMS

DCFS operates and maintains SAFE, the Statewide Automated Child Welfare Information System (SACWIS), which is used to track client information as well as services delivered to children and families. DCFS uses SAFE data to identify client and agency needs, manage service delivery, review processes and outcomes, and provide state or federal legislators and administrators with information they need to formulate laws that support mandated services.

During FFY 2016 the Project Management Team:

1. Developed an activities module in the webSAFE application.
2. Created an activities view for SAFE mobile .
3. Enhanced webSAFE content management.
4. Created a user dashboard in webSAFE.
5. Created an Intake module in webSAFE.
6. Added new functionality to the webSAFE directory.
7. Created new removal worksheet in webSAFE.
8. Added additional features to the eligibility web application.
9. Created new functions for processing provider payments in webSAFE.

During FFY 2018 the Program Management Team will:

1. Clean up duplicate and incorrect address information in SAFE.
2. Finish moving all processes involving provider payments into the web application.
3. Create a web module that will record information relating to “Placements” in the web application.
4. Build a Provider Portal module in the public domain.
5. Create the training environment for testing web applications.
6. Build the interface between SAFE and the Office of Licensing’s LION system.
7. Begin building the CPS module in the web application.
8. Assess the impact of new CCWIS requirements as a long-term replacement for SACWIS.



CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

RESPONSIBILITY FOR PROVISION OF CHILD WELFARE SERVICES FOR TRIBAL CHILDREN

There are eight federally recognized Native American Tribes in Utah including the Confederated Tribes of the Goshute Reservation, Navajo Nation, Northwestern Band of the Shoshone Nation, Paiute Indian Tribe of Utah (Cedar Band, Indian Peaks Band, Kanosh Band, Koosharem Band, Shivwits Band), San Juan Southern Paiute Tribe, Skull Valley Indian Community (Goshute), Ute Tribe (Uintah Band, White River Band, Uncompahgre Band), and Ute Mountain Ute Tribe in White Mesa.

Utah has current MOUs or an Intergovernmental Agreement (IGA) with five tribes including the Confederated Tribes of the Goshute Reservation, Navajo Nation, Northwestern Band of the Shoshone Nation, Paiute Indian Tribe of Utah, and the Skull Valley Indian Community (Goshute). The MOU with the Ute Tribe has expired. A new MOU has been completed and is currently being reviewed by the tribe's legal department. DCFS does not currently have MOUs with the Ute Mountain Ute Tribe or San Juan Southern Paiute Tribe nor has it had MOUs with these tribes in the past.²

The Confederated Tribes of the Goshutes headquartered in Ibapah, UT provides all child welfare services on their reservation but have an agreement with DCFS to provide services to tribal members living off of the reservation. They use their own courts (or coordinate with the Bureau of Indian Affairs) to adjudicate child welfare cases.

The Navajo Nation provides all child welfare services for their members living on the reservation. While the current IGA remains in effect, the ICWA Program Administrator and members of the Navajo Nation met a number of times during FFY 2016 and 2017 to discuss language to be included in a new agreement, which is expected to be placed in effect during FFY 2018. As these talks continue, the contract between DCFS and the Navajo Nation—that provides funds for the nation to deliver an organized and structured CPS program for children from birth through age 17 living on the portion of the Navajo Nation located in Utah—is still in effect. While this grant supports CPS services delivered by the Navajo Nation it does not authorize DCFS to provide any protective services for Navajo children on the portion of the Navajo reservation located in Utah.

The Northwestern Band of the Shoshone Nation and Skull Valley Goshutes rely on DCFS for the provision of child welfare services to their tribal members. They also use the state's juvenile court and its attorneys to adjudicate child welfare cases. DCFS informs and involves each of these tribes in case planning and all court proceedings.

The Paiute Tribe relies on DCFS to conduct all CPS investigations and uses state courts to adjudicate all child welfare cases. The Paiute Tribe uses its own foster care and kinship licensing standards to determine the suitability of resource families living on the reservation and uses its own procedures for approval of foster homes. Last year, discussions were held that led to the development of a new MOU between DCFS and the Paiute Tribe. During these meetings, deliberations centered on issues related to licensing of Paiute families living outside of one their six reservations as well as on the

² Current agreements can be accessed at <http://hsemployees.utah.gov/dcfs/tribe-agreements.htm>.



development of a process that will enable tribal members to be recognized as interested parties during court proceedings. A draft agreement has been completed and has been sent to the Office of Licensing for their review. Final approval and ratification of the document is expected to take place by October 2017.

While the MOU with the Ute Tribe has expired, a new MOU has been completed and is currently being reviewed by the tribe's legal department. Nevertheless, even without a formal agreement, DCFS and the tribe continue to develop a number of joint ventures and are now pursuing a joint training venture—being coordinated by the ICWA Program Administrator, DCFS trainers, and Ute Tribe trainers—that will deliver culturally competent training to tribal and DCFS staff.

Native American Children Receiving DCFS Services										
Tribe/Federal Fiscal Year	2012		2013		2014		2015		2016	
	Persons	Cases	Persons	Cases	Persons	Cases	Persons	Cases	Persons	Cases
Navajo Nation (including children living in New Mexico and Arizona)	403	419	421	457	443	500	439	471	486	504
Confederated Tribes of the Goshute Reservation	8	8	6	8	7	11	7	9	10	11
Skull Valley Indian Community (Goshute)	4	11	4	6	1	1	3	2	3	2
Uintah and Ouray Tribe (Northern Ute Tribe, White River Band, Uncompahgre Band)	91	97	88	101	93	103	88	91	77	82
Ute Mountain Ute Tribe in White Mesa	9	9	7	8	11	15	12	17	14	24
Paiute Indian Tribe of Utah (Cedar Band, Indian Peaks Band, Kanosh Band, Koosharem Band, Shivwits Band)	60	72	64	88	78	74	79	85	68	90
Northwestern Band of the Shoshone Nation (including children living in Utah and Idaho)	9	8	9	9	10	10	8	8	10	8
San Juan Southern Paiute Tribe (including children living in Utah and Arizona)	3	4	2	1	0	0	0	0	0	0
Other tribes (not located in Utah)	410	430	414	433	401	465	417	461	408	460
Total	997	1,058	1,015	1,111	1,034	1,143	1,053	1,115	1,076	1,146

PROCESS USED TO GATHER INPUT FROM TRIBES

The DCFS ICWA Program Administrator has the primary responsibility to monitor the agency's compliance with ICWA as well as create and act on ICWA related goals and objectives. The ICWA Program Administrator coordinates DCFS activities with tribes at the quarterly Tribal Leaders Meeting. During this meeting, tribal representatives receive updates on the status of agreements, discuss tribal issues, connect with state ICWA specialists, discuss national policy and statutes, and collaborate to implement ICWA requirements.

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The ICWA Program Administrator also provides primary staff support to the DHS Tribal and Indian Issues Committee and sits on other community coalitions that reinforce collaborative efforts between tribes, other ethnic minority communities, and DCFS casework teams.

ONGOING COORDINATION AND COLLABORATION WITH TRIBES/STEPS TO IMPROVE OR MAINTAIN COMPLIANCE WITH ICWA

In collaboration with tribal leaders, the ICWA Program Administrator identifies ICWA compliance related issues and discusses tribal concerns during the quarterly Tribal Leader's Meeting. During FFY 2018, the administrator will continue to negotiate new or renegotiate existing MOUs or IGAs, communicate with agencies and organizations that provide services to Native American families, as well as sponsor the annual Indian Child Welfare Conference during which stakeholders will meet to learn more about ICWA and address issues related to the needs of Indian children, including the need to develop additional services for children and their families.

In addition, the ICWA Program Administrator, in cooperation with the CIP, continues to work with state government agencies and tribes to implement practices and procedures that incorporate the new *Guidelines for State Courts and Agencies in Indian Child Custody Proceedings* and the new Bureau of Indian Affairs ICWA regulations.

During FFY 2016, the ICWA Program Administrator collaborated with the CIP, Assistant Attorneys General, judges of the juvenile court, Guardian ad Litem, and DJJS to develop a new ICWA training module that incorporates the 2015 BIA guidelines and 2016 regulations. By providing consistent information to DCFS staff and partners, this multi-agency training—which includes a section specific to, and taught by, individual tribes—serves to foster relationships with tribes and ensures that ICWA is implemented in strict adherence to the BIA guidelines and regulations. To date the training has been delivered to 150 individuals in the Eastern Region and 90 in the Southwest Region.

In addition, the ICWA Program Administrator partnered with the Casey Family Programs-Indian Child Welfare Program and UFCF to develop the state's Native American Recruitment and Retention Plan, which will be implemented by a joint committee comprised of representatives from Casey Family Programs, DCFS, UFCF, and the eight tribes within the state. Casey Family Programs provided initial training to committee members and coordinated the development of the plan's goals, which as designed will:

- Increase the number of Native American foster care families.
- Improve relationships between Native American foster parents and caseworkers.
- Help families feel supported by others who empathize with their concerns and offer suggestions.
- Develop a data visualization map that will help track removals, placements (ICWA and non-ICWA), and geographical characteristics including:
 1. How many Native American children are in care.
 2. How many are in ICWA preferred placements.
 3. How many are not in ICWA preferred placements.
 4. The geographical location of the child and distance between removal and placements.
 5. The length of time the case takes to achieve permanency.



During FFY 2016 the ICWA Program Administrator also:

- Explored, with the Paiute Tribe and Confederated Tribes of the Goshute Reservation, the possibility of the tribes developing a IV-E plan and administering their own IV-E programs.
- Facilitated a discussion between DCFS trainers and the Ute and Paiute Tribes that helped those tribes evaluate their current training systems and identify their training needs.
- Worked with the DHS Division of Licensing to remove barriers faced by the Paiute Tribe relating to inspection of foster homes and licensure of the tribe's foster parents.
- Provided technical support to tribe's ICWA specialists including the Confederated Tribes of the Goshute Reservation's new specialist.
- Supported the UFCF, which hired a full-time staff member who is responsible for recruiting, mentoring, and retaining Indian foster, kinship, and adoptive families.
- Invited tribes to DCFS Practice Model Training, which members of the Ute Tribe attended.
- Updated the DCFS CPS Practice Guidelines, which are now consistent with the language in the new BIA guidelines and regulations.
- Collaborated with the DCFS Kinship Program Administrator to revise the "Guide to Kinship Care" pamphlet—made available to all potential kin families—which now includes the definition of "relative" as defined by ICWA and is more relevant to American Indian families.
- Accompanied the DCFS Adolescent Services Administrator to meetings with the Confederated Tribes of the Goshute Reservation and the Northern Ute Tribe during which those attending examined Chafee Foster Care Program requirements and discussed ways in which DCFS might be able to help these tribes meet the child welfare needs of their youth.
- Conducted monthly meetings with DCFS ICWA specialists during which participants learned about the intricacies of the new BIA guidelines and regulations.
- Worked with the SAFE development team to identify data to be collected in SAFE (SACWIS) that will allow DCFS to track child welfare outcomes of Native American children.
- Applied for the ICWA Implementation Partnership Grant through the Administration on Youth and Families-Children's Bureau.
- Planned and sponsored the Annual ICWA Conference during which Native American foster parents were honored (and which the ACYF commissioner attended).

Finally, during FFY 2018 the ICWA Program Manager intends to:

- Plan and sponsor the Annual ICWA Conference, which in FFY 2018 will focus on kinship related issues including the need for additional Native American kinship placements.
- Provide training and technical support to ICWA specialists in an effort to improve their cultural competency, increase their capability to implement ICWA consistently statewide, and identify ways they can work with their communities to address Native American specific child welfare issues.
- Develop and implement, in cooperation with OSR, additional QCR data measures that will assess whether the state is complying with the enhanced ICWA requirements as well as evaluate children's safety, permanency, and wellbeing outcomes.
- Work with the Data Unit to implement data measures that will be used to track outcomes of Native American youth transitioning from foster care to independent living whose outcomes are monitored and reflected in the NYTD report.
- Work with DCFS caseworkers and supervisors statewide to emphasize the need to document in SAFE any relationship that a child has, or might have, to any Indian tribe within the United States.
- Consult with the University of Utah and Utah State University to recruit and provide field placements to American Indian social work students that aspire to work in child welfare.

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- Enhance relationships between other DCFS Program Administrators and tribal leaders by scheduling presentations at quarterly Tribal Leaders Meetings, and at meetings with individual tribal leaders, during which Program Administrators will outline the services their programs provide and discuss how their programs can potentially impact Native American children.
- Introduce, during the Tribal Leaders Meetings and in other meetings with tribes, DCFS practice guidelines that address child sex-trafficking and analyze programs and services that can help combat child sex-trafficking in Native American communities.

During the 2017 Utah State Legislature, lawmakers passed Senate Bill 91-*Native American Child Welfare Amendments*, which amended provisions of law regarding the licensure of tribal foster homes and the sharing of information with an Indian tribe. Specifically, this bill clarifies that full faith and credit of an Indian tribe's licensure of a foster home extends to homes located on both state lands and Indian country, requires the division to cooperate and share relevant information with an Indian tribe, and authorizes the division to provide an Indian tribe access to SAFE, the state's data management information system. DCFS has notified all tribes to the change in statute and is currently working with tribes, other state agencies, and contract providers to implement these new requirements. In addition, the ICWA Program Administrator is in the process of integrating these new requirements into DCFS Practice Guidelines. The results of those efforts will be reported in next year's APSR.

MONITORING OF COMPLIANCE WITH ICWA

In previous years, two questions asked during the QCR assessed whether a child's membership or eligibility for membership was identified. These questions were eliminated this year after DCFS and OSR started using the OSRI to conduct the QCR reviews. One question on the OSRI asks whether caseworkers inquire about a child's possible tribal membership or eligibility for membership. During QCRs conducted in each region during SFY 2017, thirty-one foster care cases (in-home cases are not scored for this item) had a "Yes" answer while only one case had a "No" answer. Two other questions that ask whether a tribe has been provided with timely notification of court proceedings and whether the placement of the child was in accordance with ICWA placement preferences were only applicable in two cases. One case was given two "No" answers, the other a Yes and a N/A answer. No meaningful conclusions can be drawn from these results because of the small number of applicable cases.

DISCUSSIONS WITH TRIBES RELATED TO THE CFCIP

The Adolescent Services Program Administrator attended an Indian Tribal Issues Committee meeting and provided an orientation to services available to Native American children and their families. The Program Administrator also met one-on-one with leaders of the Confederated Tribes of the Goshute to review cases involving tribal youth receiving services from the state and collaborated with the tribe to identify tribal and other resources available to help meet the needs of the youths involved in those cases. Tribal leaders and the Adolescent Program Administrator also researched and identified a number of additional services they believe may benefit the tribe's children as well talked about how they can collaborate to develop or obtain services that are geographically convenient for youth and their families living both on and off the reservation.

In addition, the Adolescent Services Program Administrator and leaders of the Confederated Tribes of the Goshutes briefly discussed the possibility of the state providing all Chafee services to members of the tribe but to date no formal negotiations have taken place. No other tribe has expressed the desire to develop an agreement with DCFS to administer or supervise the CFCIP or ETV programs.



EXCHANGE OF DOCUMENTS

The ICWA Program Administrator is the individual responsible for providing tribes a copy of the CFSP, APSR, and other documents that benefit both the state and tribes. Tribes can also access plans and reports on the DCFS website located at <http://dcfs.utah.gov/reports/>.

MONTHLY CASEWORKER VISIT GRANT

PSSF Monthly Caseworker Visit Grant funding is used to:

- Enhance caseworkers' capacity to provide quality visits.
- Provide training that will help caseworkers make effective decisions.
- Send caseworkers to specialized conferences or obtain supplemental training that will increase caseworkers' knowledge or skills.
- Strengthen caseworker recruitment, retention, and training.
- Hold leadership training for supervisors and managers.
- Purchase the UFACET on-line certification and recertification program.
- Provide additional support to caseworkers—including the provision of peer to peer counseling or counseling for secondary trauma—that will help decrease turnover.

Documentation of caseworker visits with foster children is completed in the SAFE data collection system. Workers enter an activity log and indicate completion of a policy requirement after they finish their visits. Utah policy requires that at least one visit per month be conducted in the home of the child. Therefore, data tabulating visits completed by DCFS caseworkers in the home of the child will generally total 100%.

DJJS, which receives some IV-E funding, also reports on caseworker visits with their population. Due to differences in practice, DJJS workers may not always visit children in their homes. Therefore, the total listed below may not equal 100%.

Caseworker Visits*			
Federal Fiscal Year	Children in Custody 17 and younger visited at least one month	Percentage of months where a visit was required and completed	Percent of Visits at youth's place of residence
FFY 2012	4,118	96.40%	99.70%
FFY 2013	4,147	96.59%	99.64%
FFY 2014	4,229	96.40%	99.70%
FFY 2015	4,279	95.87%	99.69%
FFY 2016	4,270	96.00%	99.60%
*Includes visits conducted by DJJS which may not conduct all visits at the youth's place of residence.			

DCFS has consistently met the requirement for monthly face-to-face visits so will not allocate a great deal of additional funding to efforts that enable caseworkers to conduct these visits with children.



ADOPTION AND LEGAL GUARDIANSHIP INCENTIVE PAYMENTS

Adoption and Legal Guardianship Incentive Payments received during FFY 2016 were used to enhance child welfare activities in Utah including activities that support HomeWorks, Utah's IV-E child welfare waiver demonstration project. Specifically, Adoption and Legal Guardianship Incentive Payment funds were used to pay for:

- Support and training for interstate adoption activities.
- Staff professional development, including an annual, statewide child welfare conference.
- The annual foster parent conference.
- Technology to support caseworker activities.
- Specially-trained contract staff that help locate potential adoptive families for children and to help caseworkers match children with potential adoptive parents.
- HomeWorks implementation support and program administrator positions.
- Staff who obtain credit reports for youth in foster care.
- Staff training and special projects.

To date, Utah has not experienced any barriers or challenges when allocating or spending these funds.

CHILD WELFARE DEMONSTRATION ACTIVITIES

DCFS entered into an agreement with the Children's Bureau in October 2012 to develop and implement a child welfare demonstration project in accordance with Section 1130 of the Social Security Act, as amended by Public Law 112-34, the Child and Family Services Improvement and Innovation Act. The project—designated HomeWorks—initiated implementation activities in October 2013.

The primary goal of HomeWorks is to enhance parents' capacity to safely care for their children in their home and to safely reduce the need for foster care. The activities under the demonstration are fully integrated into Goal 1 of the 2015-2019 CFSP, which corresponds with the CFSR Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate. The associated objectives under Goal 1 consist of child welfare demonstration project key initiatives, including implementation of an evidence-based child and family assessment (the UFACET), incorporation of the CSSP Strengthening Families Protective Factors framework into case practice, and facilitation of improvements to the SDM Safety Assessment and safety planning. Implementation of the next phase of HomeWorks began in 2017 and involves the development and implementation of training relating to trauma-informed care within a child welfare system, which will be delivered to DCFS staff. Trauma training also addresses secondary traumatic stress, which caseworkers may experience while they are employed in child welfare.

Three of the five DCFS regions have attained "saturation," a fidelity measure assessed by the HomeWorks evaluators who use observations of caseworkers' interactions with clients to determine if caseworkers have assimilated the UFACET and the protective factors framework into their day-to-day case practice.

In measuring the project's efficacy, early data for the pilot region looks promising, with statistically significant reductions in children entering foster care after a family has received in-home services. On the other hand, based on early data from all regions, DCFS is not seeing a reduction in overall entry

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into foster care after a CPS case. Nevertheless, in all regions the division is seeing either a reduction in subsequent abuse or neglect for children or no significant increases in subsequent abuse or neglect.

Funds from Utah's Title IV-E waiver capped allocation have been allocated to each of the five DCFS regions and to the state office to enhance HomeWorks services. Flexible funds are also being used to meet family needs, specifically for: a) services to keep children in the home or help them return home, b) mental health services for families that are not Medicaid eligible, c) *Families First* services, an evidence-based, in-home parenting program, and d) substance abuse recovery supports in a very rural region as part of a regional collaborative. Flexible funds are also being used to increase training resources that can help supervisors coach and support caseworkers as caseworkers implement the changes in practice.

Title IV-B monies have also been allocated and used to support HomeWorks implementation. For example, the distribution of PSSF funds among the four categories of services was adjusted during the HomeWorks start-up phase. A greater proportion of PSSF funds were allocated to Family Preservation in order to provide increased resources to support in-home services activities, and more specifically to provide expanded *Families First* evidence-based in-home services for HomeWorks clients, including adoptive families. PSSF funds for Adoption Promotion and Support and Time-Limited Reunification may also be used to safely reduce the need for foster care by funding post-adoption services that prevent reentry of children into foster care from adoptive placements. They may also be used to provide services that help children return home more quickly from foster care. Adoption savings under the applicable child criteria are also being used to provide urgent services that help prevent entry of adopted children into foster care and to support *Families First* in-home parenting services as well as services that utilize the peer parenting *STEP* curriculum.

QUALITY ASSURANCE SYSTEM

OSR, in collaboration with DCFS, conducts a CPR and QCR in each of the five DCFS regions every year. CPR reviews result in quantitative data indicating how often evidence is found in documentation to verify that case activities comply with DCFS guidelines, state statutes, and federal law.

QCRs evaluate the status of children and families served by the division as well as the overall performance of the child welfare system. The QCR is similar to the federal CFSR in that it measures outcomes related to child safety, permanency, and wellbeing. The QCR contains two domains. The first domain appraises the child and family's status. Indicators within this domain are Safety, Stability, Prospects for Permanence, Health/Physical Well-being, Learning Progress/Development, Family Connections, and Satisfaction. The second domain assesses the performance of the child welfare system. The indicators in this domain are Engagement, Teaming, Assessment, Long-term View, Child & Family Plan, Intervention Adequacy, and Tracking & Adaptation.

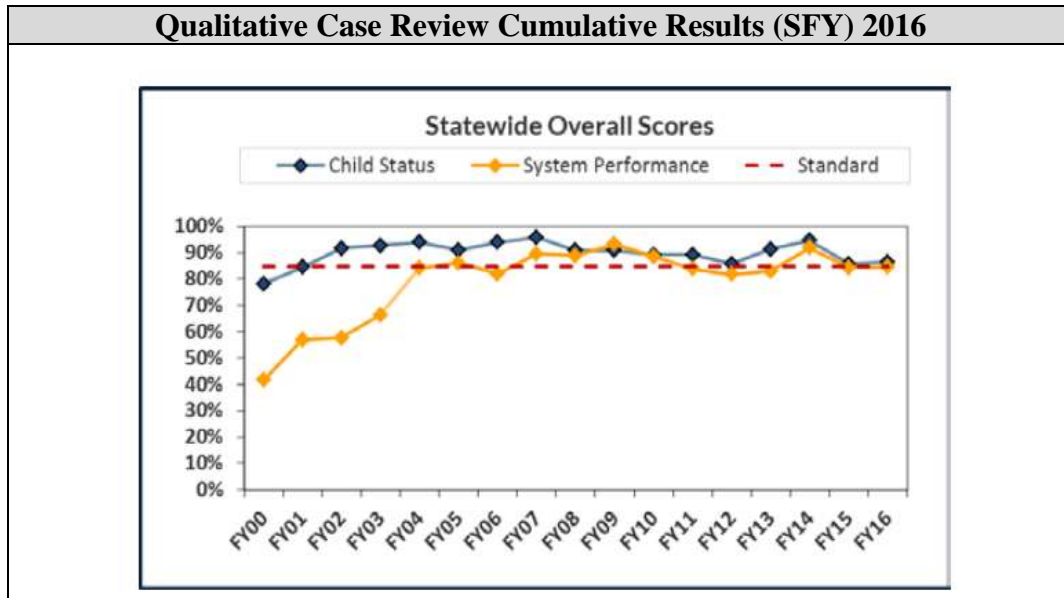
QCR reviewers read case records and conduct interviews with key parties involved in each case including parents, stepparents, guardians, foster parents, the target child, school personnel, therapists, attorneys, service providers, placement providers, and individuals helping the family.

After interviews are completed, reviewers score the case on the seven Child Status Indicators and seven System Performance Indicators. In their final analysis, reviewers justify their scores, provide a short synopsis of why DCFS became involved with the family, and discuss how well the family is achieving identified outcomes.

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During SFY 2016, reviewers evaluated a total of 149 cases during QCRs held in all five regions. Results indicate that the Child & Family Status has remained just above the standard for the past two years, scoring 86% in FY 2015 and 87% in FY2016. Overall Child Status for FY 2016 showed 87% of cases were acceptable. The division met or exceeded the 85% standard for Overall Child Status for the 15th consecutive year. All child status indicators met or exceeded the standard of 70%.



CPR reviewers search SAFE for documentation of tasks that comply with statutory requirements and policy. Reviewers then travel to field offices throughout the state and provide caseworkers an opportunity to present additional documentation not found in SAFE. Reviewers consult one-to-one with caseworkers and formulate recommendations that help caseworkers improve their documentation.

The overall System Performance score at 87% is above the national standard of 85% and is consistent with last year's score.

CPR Results							
Statewide Results	CPS	Unable to Locate	Unaccepted Referrals	Removals	In Home Services	Foster Care Services	Total
FY 2012	94%	91%	99%	76%	82%	87%	87%
FY 2013	94%	86%	100%	77%	82%	81%	84%
FY 2014	96%	87%	100%	86%	87%	86%	88%
FY 2015	92%	82%	100%	86%	86%	88%	88%
FY 2016	93%	86%	99%	84%	82%	87%	87%

In FYs 2016 and 2017, certified lead QCR reviewers, representing a number of state agencies and community organizations, conducted the reviews. One or more individuals from the agencies listed below served as reviewers or shadow reviewers during QCRs. Without the participation of these traditional and non-traditional partners neither OSR nor DCFS would be able to collect the quality or depth of information they currently obtain.

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Agencies That Assisted in Conducting Qualitative Case Reviews (QCR) and Case Process Reviews (CPR) during FFY 2016				
The Adoption Exchange	The Asian Association	Children's Justice Center	Child Welfare Policy and Practice Group	Davis County Schools
Department of Health-Fostering Healthy Children	Department of Human Services-Division of Child and Family Services	Department of Human Services-Division of Juvenile Justice Services	Department of Human Services-Office of the Executive Director	Department of Human Services-Office of Licensing
Department of Human Services- Office of Services Review	Department of Human Services-Division of Substance Abuse and Mental Health	Department of Technology Services	Los Angeles County (California) Department of Child Welfare Services	Los Angeles County (California) Department of Mental Health
Northern Region Quality Improvement Committee	Office of the Attorney General-Court Improvement Project	Office of the Attorney General-Office of the Guardian ad Litem	Prevent Child Abuse Utah	Primary Children's Medical Center-Safe and Healthy Families
Salt Lake County Division of Youth Services	Salt Lake Region Quality Improvement Committee	United Way of Utah	University of Utah	Utah Community Action-Head Start Program
Utah Foster Care Foundation	Washington County School District	Wendy's Adoption Exchange		

CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)

INTAKE

Intake accepts reports of potential cases of child abuse, neglect, or dependency from a number of government organizations, non-profit or for profit community service providers, and private citizens and evaluates whether an investigation is warranted. During FFY 2016, the intake unit processed 60,679 calls (an average of 5,057 phone calls per month) and, on average, responded to those calls in just over one minute—significantly faster than the three minute average response time for a call in 2009. In addition, Intake processed 8,375 police reports last year (an average of 698 police reports per month), which take 3-7 days to process.

To determine if an investigation is needed, intake workers obtain all available information, research data sources, and staff the referral as necessary. If intake determines an investigation is warranted, they determine the case priority, complete documentation including data entry, make disposition to CPS, and notify law enforcement.

DCFS expects that the intake unit will process around 62,000 calls during FFY 2017 in their new offices, which have a new phone system that has the ability to record incoming phone calls, which supervisors use to provide feedback and deliver supplemental training to Intake workers as well as to conduct quality assurance reviews that evaluate the effectiveness of services provided.

CHILD PROTECTIVE SERVICES

When assigning accepted referrals of suspected child abuse, neglect, and dependency to CPS for investigation, intake workers provide CPS workers with a complete history for each child in the family, including siblings of the primary victim. The history includes information about previous foster care episodes, any prior investigations of abuse, neglect, or dependency, and casework deadlines as appropriate.

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CPS caseworkers use this information to conduct timely investigations during which they perform accurate family assessments that measure the risk of further child abuse or neglect and evaluate the safety needs of a child. Assessments are also used to determine family strengths, needs, and challenges as well as help the caseworker gauge the capability and willingness of the family to provide for and protect the child.

Based on their investigation and assessment, CPS caseworkers identify available resources that can help keep children safe from further abuse and neglect or that can help parents as they strive to achieve safety, permanency, and well-being for their children.

CPS Case Investigation Results							
	Number of Cases	Number of Supported Cases	Number of Unsupported Cases	Without Merit	False Report	Unable to Complete Investigation	Unable to Locate
FFY 2012	18,983	6,528	11,366	292	22	505	270
FFY 2013	19,496	6,576	11,699	330	24	533	334
FFY 2014	20,377	7,005	12,155	288	27	562	340
FFY 2015	20,686	6,884	12,535	321	30	512	403
FFY 2016	21,091	7,054	12,678	336	22	587	414

Victim Age										
	FFY '12 Number	FFY '12 Percent of Total Victims	FFY '13 Number	FFY '13 Percent of Total Victims	FFY '14 Number	FFY '14 Percent of Total Victims	FFY '15 Number	FFY '15 Percent of total victims	FFY '16 Number	FFY '16 Percent of total victims
0-5 years	3,645	39%	3,586	39%	3,810	39%	3,640	38%	3,756	38%
6-10 years	2,553	27%	2,479	27%	2,663	27%	2,559	27%	2,651	27%
11-13 years	1,431	15%	1,408	15%	1,395	14%	1,371	14%	1,498	15%
14-17 years	1,799	19%	1,850	20%	1,999	20%	2,007	21%	2,060	21%
18+ years	12	0%	11	0%	13	0.1%	6	0%	14	0.0%
Total	9,410	100%	9,304	100%	9,851	100%	9,548	100%	9,938	100%

Race of Victim											
Race	Percent of Utah Population (Ages 0-17)	FFY '12 Number	FFY '12 Percent of Total Victims	FFY '13 Number	FFY '13 Percent of Total Victims	FFY '14 Number	FFY '14 Percent of Total Victims	FFY '15 Number	FFY '15 Percent of total victims	FFY '16 Number	FFY '16 Percent of total victims
African American	2%	382	4%	387	4%	361	4%	429	4%	418	4%
American Indian/ Alaska Native	2%	257	3%	244	3%	254	3%	287	3%	283	3%
Asian	1%	87	1%	102	1%	86	1%	123	1%	98	1%
Pacific Islander	1%	137	1%	156	2%	198	2%	163	2%	186	2%
Caucasian	94%	8,677	92%	8,565	92%	9,127	93%	8,729	91%	9,139	92%
Multiracial- other race not known	0%	35	0%	49	1%	64	1%	80	1%	89	1%
Cannot determine/ Unknown	0%	39	0%	29	0%	14	0%	44	0%	29	0%
Total		9,410		9,304		9,851		9,548		9,938	
Hispanic or Latino Origin		1,957	21%	1,915	21%	2,046	21%	1,840	19%	1,894	19%

*Due to rounding errors, percentages may total more than 100%

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Next year, DCFS expects that CPS will investigate 20,200 cases of alleged child abuse and neglect of which approximately one-third will be supported.

STATE CAPTA COORDINATOR

The State CAPTA Coordinator may be contacted at the following address regarding questions that relate to CPS investigations or services provided using CAPTA funding.

195 North 1950 West
Salt Lake City, UT 84116
Phone: (801) 538-4100

CHANGES TO STATE LAW OR REGULATIONS

No new laws were enacted during Utah's 2017 legislative session that could affect the state's eligibility for the CAPTA state grant.

USE OF CAPTA GRANT FUNDS

During FFY 2018, CAPTA grant funds will be used to improve and support Utah's child protective services system. Funds from the grant will also be used to provide training to program staff, to pay for community-based child abuse prevention services, and for activities related to the revision and implementation the states SDM model.

A portion of CAPTA funding is also being used to provide child abuse/neglect medical exams and child abuse/neglect medical consultation by the Primary Children's Hospital, Child Protection Team and their nurses at the Children's Justice Centers. During the first two quarters of SFY 2017, Primary Children's Hospital conducted 168 exams in Salt Lake, Sevier, Sanpete, and Utah counties.

Exams Conducted		
	FY 17-Q1	FY 17 Q2
Salt Lake County	71	57
Sevier/Sanpete Counties	4	3
Utah County	33	0
Total	108	60

CITIZEN REVIEW PANELS

Utah's Quality Improvement Committees (QICs) act as Citizen Review Panels (CRPs), required entities mandated by the Child Abuse Prevention and Treatment Act (CAPTA). In accordance with provisions specified in Section 106.c of that act, QICs examine policies, procedures, and practices proposed, developed, or implemented by DCFS.

QICs also have the ability to review specific CPS cases and evaluate the extent to which the CPS system is successfully discharging its protection responsibilities. Members have a stake in the outcome of services provided to children and families and are considered "informed evaluators" who give DCFS the best, most objective analysis of issues that face the state's child welfare system. They have the knowledge and ability to identify organizational obstacles, have the ability to recognize system strengths, and have the authority to communicate those strengths to the community.

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To address statewide child welfare issues, the DCFS state office supports the Child Welfare Improvement Council (CWIC), which serves as the conduit for information and ideas presented by region QICs and responds to recommendations, questions, and concerns delivered to it. In addition, each of the five DCFS regions support one QIC, which are chaired by a committee member not directly employed by DCFS and are comprised of citizen and provider partners living or practicing within the region's jurisdiction.

Each QIC meets monthly to discuss systemic problems that affect children and families and advocate for unique solutions to community needs. During meetings, members are responsible for being informed evaluators who ask hard questions and for making recommendations that they believe will improve agency processes or client outcomes.

At least quarterly, the CWIC and each QIC are asked to review CPS related data and identify issues that affect CPS. QICs are also encouraged to meet yearly with the following agencies:

- The Office of Services Review, which reports QCR and CPR results.
- The Office of Child Protection Ombudsman, which tracks client and consumer complaints and reports on consumers' satisfaction with DCFS services.
- The Department of Human Services Fatality Review Committee, which presents results of the Fatality Review.

On October 25th, 2016, DCFS sponsored the annual QIC Summit, which was planned and coordinated by the CWIC and held in conjunction with the annual DCFS Child Welfare Institute. During that meeting, the CWIC chair reported that the council is investigating issues faced by children of color involved in the child welfare system and are identifying and assessing educational barriers faced by children in foster care. The Eastern Region continues to sponsor activities that support and maintain a positive DCFS workplace culture and the Northern Region continues to focus much of their attention on the needs of youth in foster care and the availability of appropriate out-of-home placements. The Salt Lake Valley Region QIC is debating the advantages and disadvantages of using proctor agencies to place children in a foster home while both the Southwest and Western Regions are addressing services provided to children in kinship placements and are developing additional resources that will help kin families access needed services. In addition, the Western Region continues to work on measures that will help staff better coordinate activities with law enforcement.

CHILDREN AFFECTED BY ILLEGAL SUBSTANCES OR WITH FETAL ALCOHOL SPECTRUM DISORDER

Utah is effectively in compliance with Sections 106(b)(2)(B)(ii) and (iii) of CAPTA and will not require any technical assistance to improve practice in this area. Numerous state statutes, rules, and practice guidelines address the needs of infants either born with or identified as being affected by Fetal Alcohol Spectrum Disorder (FASD) or illegal substance abuse including withdrawal symptoms resulting from prenatal drug exposure.

DCFS Practices Guideline-*Definitions* labels FASD as "A broader array of impairments than are reported for children suffering from Fetal Alcohol Syndrome. In FASD, children exposed to alcohol in the womb may exhibit one or more of the following characteristics or behaviors:

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- a) Inadequate growth in the womb or after birth
- b) Facial abnormalities such as small eye openings
- c) Poor coordination
- d) Hyperactive behavior
- e) Learning disabilities
- f) Mental retardation or low IQ
- g) Poor reasoning and judgment skills
- h) Poor impulse control
- i) Sleep and sucking disturbances in infancy

Utah Code 62A-4A-404-*Fetal Alcohol Syndrome and Drug Dependency* requires a medical provider who attends a birth to file a report with DCFS whenever they suspect a child has FASD or is suffering from drug dependency. DCFS Practice Guidelines 200-*Child Protective Services* section 201.9 specifies that DCFS will investigate an allegation when there is reasonable cause to suspect that a child is a victim of abuse, neglect, or dependency, including (under the category of abuse) has experienced fetal exposure to alcohol or other substances or is addicted to alcohol or other harmful substances. In this case, when a medical provider contacts a DCFS Intake worker, the worker will receive and research the referral and if accepted will assign a priority and transfer the case to a CPS caseworker.

DCFS Practice Guidelines sections 202.6, 202.7 and 204.1 indicate that the CPS caseworker will assess the threats to safety and risk of future harm—given the child vulnerabilities and the protective capacities of the caregiver—by completing both the SDM Safety Assessment and the SDM Risk Assessment. The SDM Safety Assessment is used to determine if the child is currently safe, safe with a plan, or unsafe and the SDM Risk Assessment, by identifying a child's risk level as very high, high, moderate, or low, rates the probability of future abuse or neglect to children.

DCFS Practice Guideline Section 204.2 states that the CPS caseworker will obtain direction and support to identify needed interventions, services, and resources for the child and family and seek assistance in making casework decisions by consulting with their supervisor, and if appropriate, with an Assistant Attorney General (AAG). As highlighted in Section 208.8, after reviewing all pertinent medical information, when an infant needs additional medical care the caseworker will also ensure timely medical attention is provided.

If it is determined that an infant with FASD, or suffering withdrawal from other substances, can remain in the home of the parent(s) or caregiver, DCFS Practice Guidelines sections 103.3, 106.3, and 107.1 state the In-home Services caseworker will assess the family's strengths, needs, and protective factors using the UFACET, an evidence-based assessment tool that increases communication and engagement with the family. The UFACET will be used by the Child and Family Team to identify and guide needed services that will subsequently be documented in the Child and Family Plan, which is reviewed and updated every six months. In conformity with CAPTA section 106(b)(2)(B)(iii) the Child and Family Plan is synonymous with—and acts as—the “plan of safe care.”

If it is determined that it is in the best interest of the infant to be removed from the home, DCFS Practice Guideline section 205.1 states the caseworker will obtain a warrant from a court of competent jurisdiction to facilitate the removal and subsequent placement of a child into protective custody and review the reasons for removal and other available options with their supervisor and the AAG.

In accordance with DCFS Practice Guideline section 301.7, if an infant with FASD or withdrawing from substances is placed in an out-of-home setting the child's specialized health care and developmental needs, as determined by a health care provider, will be taken into account in the selection of an out-of-home caregiver. To support the child's medical needs while in the placement,



Section 301.8 stipulates that a child who is medically fragile or medically needy, as determined by a physician and the child's out-of-home caregiver, will receive support and services in accordance to their needs.

Finally, as stated in DCFS Practice Guideline section 301.2, when reunification of infant in an out-of-home placement with a parent or caregiver is considered, the Child and Family Team will determine if the mother of the infant has agreed to be enrolled in—or is currently enrolled in—a substance abuse treatment program approved by Child and Family Services and will provide that information to the court, which will ultimately decide if reunification is appropriate.

CHILDREN WHO ARE VICTIMS OF SEX TRAFFICKING

DCFS is in compliance with the amendments to CAPTA as required by the Victims of Trafficking Act of 2015 and in FFY 2016 responded to two human trafficking cases involving children or youth.

DCFS Practice Guidelines section 300.8 indicates Commercial Sexual Exploitation of Children (CSEC) occurs when individuals buy, trade, or sell sexual acts with a child. Sex trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for the purposes of a commercial sex act. Children who are involved in the commercial sex industry are viewed as victims of severe forms of trafficking in persons, which is defined as sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person who is induced to perform such an act has not attained 18 years of age. A commercial sex act is any sex act in which anything of value is given to—or received—by any person.

Utah Code 62A-4a-1-105(1)(ix) mandates that the division shall provide services including services for minors who are victims of human trafficking or human smuggling as described in Sections 76-5-308 through 76-5-310 or who have engaged in prostitution or sexual solicitation as defined in Section 76-10-1302. That statute also states that DCFS must provide training for staff and providers involved in the administration and delivery of services offered by the division in accordance with that chapter.

DCFS Practice Guidelines section 201.14 ([Attachment 1](#)) specifies that all referrals made to Intake involving human trafficking are to be opened in SAFE as an In-home Services case with a case type of 'Human Trafficking' and will remain open for no more than 60 days. It also mandates that all CPS caseworker activities will be documented.

DCFS Practice Guideline 300.8 also states that if the child reports that they may be victims of CSEC, the caseworker will access the appropriate resources to address the CSEC. This includes but is not limited to:

- a) Reporting to law enforcement that the child may be a victim of CSEC and assisting in the investigation.
- b) Accessing the appropriate mental health care, preferably from a therapist that specializes in treating victims of CSEC.
- c) Informing any placement that the child may be a victim of CSEC and helping the Resource Family Consultant (RFC) provide the placement with resources that aid in their ability to care for the child.

Finally, as noted in the goals and objectives listed under Program Area 6 below and in the [Training Plan](#), during FFY 2017 the CPS Program Administrator and Professional Development Team developed and implemented online training for CPS caseworkers that provides those workers with the information they need to identify, assess, and provide comprehensive services to child sex trafficking victims.

CHANGES TO 14 PROGRAM AREAS (CAPTA, SECTION 106)³

Program Area 1-Intake, assessment, screening, and investigation of reports of abuse and neglect.

Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/Group(s) Responsible	Achievements
Program Area 1-Intake, assessment, screening, and investigation of reports of abuse and neglect.	CPS Workgroup, Children's Justice Centers, Office of the Guardian ad Litem, Safe & Healthy Families, AGs Office	<p>A. Develop a screening process that will track juveniles that have sexual contact out-of-home or with a non-relative. This process will:</p> <ul style="list-style-type: none"> • Determine if a case needs to be generated. • Appropriately report referrals and services delivered. • Identify if a juvenile commits multiple acts of sexual abuse. 		Policies relating to child sex-trafficking reflect amendments made by HB 179 (2016) and HB 123 (2017)	June 30, 2018	CPS Program Administrator	<p>In progress-HB 179 Consensual Sexual Activity of a Minor passed during the 2016 State Legislative Session modifies the definition of sexual abuse of a minor regarding the age differential between the offender and the victim; modifies offender registration requirements regarding a first offense of sexual abuse of a minor; and provides a cross reference regarding the current code provision that states that a person convicted of a misdemeanor offense of unlawful sexual activity with a minor is not subject to the offender registry.</p> <p>FFY 2017 Update-Stipulations in HB 179 were integrated into the tool Intake uses to determine if an act of sexual abuse has been committed and if a case needs to be generated. During the 2017 Utah Legislative Session legislators passed HB 123-Juvenile Offenses Amendments, which appears to amend some of the conditions in HB 179 and therefore may require additional changes to the Intake assessment tool.</p>
		B. Identify a human trafficking case type that complies with recommendations made by the Office of the Attorney General and amend DCFS Practice Guideline 201.14-Human Trafficking Protocol to reflect the change in case type.	DCFS Practice Guideline 201.14- <i>Human Trafficking Protocol</i> specifies that all referrals made to Intake involving human trafficking as an In-home Services case with a case type of 'Human Trafficking'."	<p>1) Practice Guideline 201.14 has been updated to include the new case type.</p> <p>2) Policies related to child sex-trafficking are congruent with state statute, rules, and partner agency policies.</p>	June 30, 2018	CPS Program Administrator	

³ Accomplishments and changes made to goals or objectives during FFY 2016 or beyond are highlighted in grey.

**Safe Children
Strengthened Families**



Program Area 4-Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols.

Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/Group(s) Responsible	Achievements
Program Area 4-Enhancing the general child protective system by developing, improving, and implementing risk and safety assessment tools and protocols.	CPS Workgroup, Children's Research Center, SAFE Project Management Team, DCFS Professional Development Team, State Legislature	A. Develop a new Structured Decision Making and planning protocol.		1) The new Safety Assessment protocol has been developed tested, and published. 2) State statutes, rules, policies and procedures have been updated to reflect changes.	June 30, 2017	CPS Program Administrator	Completed-During FFY 2015 staff completed the SDM Safety Assessment and created a new web-based version in SAFE. Training was pilot tested in the Tooele, UT office in December and was completed statewide in July 2016. This objective will be removed from the APSR due in June 2018.
		i. Review and revise the plan to be used to implement the new assessments and protocol.					Completed-The plan is complete. SDM training is now provided during New Employee Training. Refresher training and an assessment of fidelity to the training model are ongoing. This objective will be removed from the APSR due in June 2018.
		ii. Develop and disseminate Practice Guidelines that will guide workers' as they use the new assessments and protocol.					Completed-During FFY 2014 the CPS Program Administrator identified the practice guidelines needing revision and during FFY 2015 revised existing SDM guidelines which were published last year. This objective will be removed from the APSR due in June 2018..
		iii. Identify and suggest modifications to state rules and statutes that will ensure maximum benefit from the new assessments and protocol.					Completed-During FFY 2017 requirements in S.B. 82- <i>Child Welfare Modifications</i> were integrated into practice guidelines and training relating to these guidelines was provided to DCFS workers and the division's legal partners. This objective will be removed from the APSR due in June 2018.



State of Utah
Division of Child and Family Services
Annual Progress and Services Report
June 30, 2017

102

Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/Group(s) Responsible	Achievements
		iv. Package, distribute and communicate to agency partners and service providers the value of the new assessments and protocol.					Completed-In August 2016, the program administrator gave a presentation on the protocol at the Court Improvement Project Annual Conference. Ongoing training will be provided as needed. This objective will be removed from the APSR due in June 2018.
		v. Integrate the application and use of the new assessments and protocol into existing training.					Completed-A new SDM training curriculum was developed during FFY 2015 and 2016 and was integrated into New Employee training in FFY 2016. This objective will be removed from the APSR due in June 2018.
	CRC	B. Work with the CRC to update and re-validate the Risk Assessment and Risk Reassessment.			June 30, 2018	CPS Program Administrator	In Progress-A contract with the CRC to provide this assistance has been signed and work on these tools will begin during FFY 2018.
		i. Review and revise the plan to be used to implement the revised/revalidated Risk Assessment and Risk Reassessment.					
		ii. Revise and disseminate Practice Guidelines that update references to the Risk Assessment and Risk Reassessment.					
		iii.. Communicate to DCFS staff and agency partners changes made to the assessments.					
		iv. Integrate revised assessments into existing training.					

**Safe Children
Strengthened Families**



Program Area 5-Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange.

Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/Group(s) Responsible	Achievements
Program Area 5- Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange.		A. Develop new and revise existing modules within SAFE to accommodate changing policies, procedures, practices, as well as the need for data to substantiate the quantity and quality of services delivered to clients.			Ongoing	Information Systems, Research, and Evaluation Team	
	CPS Program Administrator	i. Facilitate the transfer of the current SAFE CPS module to the web-based SAFE (webSAFE).	CPS data is currently recorded in a non- web-based format.	Modules in webSAFE meet the needs of caseworkers, supervisors, administrators, data staff, and others who require verification of services provided as well as need data that substantiates the quantity of services delivered.	June 30, 2018	Information Systems, Research, and Evaluation Team	
		ii. Provide an orientation to webSAFE to CPS workers and legal partners.		DCFS workers and legal partners are able to access and effectively utilize webSAFE.	June 30, 2018	CPS Program Administrator, Professional Development Team	



Program Area 6-Developing, strengthening, and facilitating training including training regarding research-based strategies to promote collaboration with the families, training regarding the legal duties of such individuals, and personal safety training for caseworkers, training in early childhood, child, and adolescent development.

Training is developed by the division's training staff, is acquired through purchase or agreement with an outside entity, or is created through a contract for development. Training is provided to CPS workers by DCFS trainers located in the state office or in each of the five DCFS regions.

Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/Group(s) Responsible	Achievements
Program Area 6-Developing, Strengthening, and facilitating training including training regarding research-based strategies to promote collaboration with the families, training regarding the legal duties of such individuals, and personal safety training for caseworkers, training in early childhood, child, and adolescent development	Professional Development Team, HomeWorks Waiver Leadership Team	A. Conduct Safety Assessment Update Training		All staff have received updated training.	June 30, 2017	CPS Program Administrator	Completed-All caseworkers, supervisors, and administrators received Safety Assessment Update Training during FFY 2016. This objective will be removed from the APSR due in June 2018.
		B. Develop training for CPS workers that deals with the identification, assessment, and provision of comprehensive services to children who are victims of sex trafficking.		Sex-trafficking training has been provided to all CPS workers,	December 30, 2017	Professional Development Team	Ongoing-An online sex-trafficking course has been developed and is available to all CPS workers.
		i. Research existing training modules for use in Utah or develop new sex-trafficking training.					Completed-Existing outside training was reviewed and incorporated into the DCFS module as appropriate. This objective will be removed from the APSR due in June 2018.
		ii. Test training in one or two offices within regions and amend if needed.					Completed-The Professional Development Team reviewed the training extensively and decided to roll-it out without testing. This objective will be removed from the APSR due in June 2018.
		iii. Roll-out training statewide.					In progress-Training will be available to workers during FFY 2018.
	CPS Program Administrator, CRC	C. Provide update training to DCFS staff and legal partners once the SDM Risk Assessment and Risk Reassessment are revised or revalidated (see Program Area 4).		SDM update training has been provided to all caseworkers.	June 30, 2018	Professional Development Team, CPS Program Administrator	



Program Area 8-Developing and facilitating training protocols for individuals mandated to report child abuse or neglect.

Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/Group(s) Responsible	Achievements
Program Area 8- Developing and facilitating training protocols for individuals mandated to report child abuse or neglect.	Community Partners	A. Provide mandatory reporting training that will help government, non-profit, and private entities identify what constitutes abuse and neglect, their responsibility to report abuse or neglect, and when and how to report.	No baseline	Mandatory reporting training has been provided as needed	Ongoing	Intake Manager	Ongoing-During FFY 2016 the Intake Manager provided mandatory reporting training to the Utah Domestic Violence Coalition, YWCA, Allies With Families, PTA, Kari Sue Hamilton School Intermountain Healthcare, Provo School District Davis County School District, Safe Harbor Domestic Violence Shelter, Wasatch Charter School, Volunteers of America, Salt Lake County Health Dept. Utah WIC Program, Dream Academy Charter School, America Reads Program, and Centro de la Familia.

**Safe Children
Strengthened Families**



Program Area 12-Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems.

Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/ Group(s) Responsible	Achievements
Program Area 12- Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems.	Utah Courts, SDM Workgroup	A. Continue to collaborate with the Court Improvement Project and legal partners on the development, implementation, and evaluation of the Decision-Making Model and on other initiatives important to both agencies.		DCFS and the CIP report effective collaboration exists. -Decision-Making Model is implemented and evaluated.	Ongoing	DCFS Administrative Team	Ongoing-During FFY 2016 members of the Waiver Leadership Team met with juvenile court judges in the Western and Eastern Regions. In addition an orientation and detailed HomeWorks/UFACET/SDM training was provided to all new judges. Also, during FFY 2016, the CPS Program Administrator provided SDM training to judges and court staff during the CIP conference.
	Children's Justice Centers	B. Continue to collaborate with the CJC's on initiatives important to both agencies.		DCFS and CJC's report effective collaboration exists	Ongoing	CPS Program Administrator	Ongoing-During FFY 2016, the DCFS Professional Development Team, in collaboration with the CJC's, provided training to CJC staff on Forensic Interviewing, an intensive interviewing technique used to determine if a child has been maltreated. During FFY 2018, training will be provided to DCFS staff and law enforcement personnel.
	Division of Juvenile Justice Services	C. Help DJJS integrate the UFACET into their assessment regiment by providing UFACET training to JJS Observation and Assessment as well as Youth Outreach staff.		JJS has received UFACET training that has enabled the majority of their caseworkers to become certified to use that tool.	June 30, 2018	In-Home Program Administrator	In Progress-During FFY 2016, training was provided to all current JJS O&A and Outreach staff. The In-home Program Administrator is helping JJS integrate this training into their New Employee Training.



Program Area 14-Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.

Program Area	Inputs	Goal/Objective	Baseline	Process/Outcomes Measure	Time-Frame	Person(s)/Group(s) Responsible	Achievements
Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.	Department of Health, Fatality Review committee	A. Collaborate to review child fatalities.		Yearly Fatality Review Report published.	Ongoing	Intake Program Administrator	Ongoing-The Intake Program Administrator and CPS Program Administrator sit on the Fatality Review Board. See Attachment 2 Fatality Review Report for further information.
	Tribes, Contract Partners, Community Agencies, Community Collaborations	B. Collaborate with Utah tribes to ensure consistent information is provided to them regarding CPS Intake and CPS protocols and services, especially those that relate to Indian children.		Tribes are aware of current CPS policies and procedures	Ongoing	CPS Program Administrator/ Intake Program Administrator	Ongoing-The contract between DCFS and the Navajo Nation that provides funds to provide an organized and structured CPS program for children from birth through age 17 living on the portion of the Navajo Nation located is still in effect.. During FFY 2016, the CPS Program Administrator attended the ICWA conference and relayed information about Utah's CPS services to those attending.
	Medical Providers	C. II. Collaborate with medical facilities and medical providers to ensure that consistent information is provided to them regarding CPS Intake and CPS protocols and services.		Medical providers are aware of current CPS policies and procedures	Ongoing	Intake Program Administrator	Ongoing-During FFY 2016 the process to provide notification to medical and other providers of the status of a CPS was changed. Now, a letter informing the medical provider of the status and results of the case is sent at the time of case closure. In addition, medical professionals continue to provide regular consultation on all CPS cases.

CHAFEE FOSTER CARE INDEPENDENCE PROGRAM (CFCIP)

TRANSITION TO ADULT LIVING (TAL) PROGRAM

DCFS administers programs and services funded through the CFCIP. Within the division, the Adolescent Services Program Administrator is responsible for planning and execution of all CFCIP activities as well as for supporting community providers delivering services to youth in foster care.

Transition to Adult Living (TAL) services delivered to youth are provided throughout the state and are facilitated by region caseworkers, supervisors, and TAL Coordinators who—along with foster care, kinship, or other families caring for the youth—are committed to providing youth with:

- Information or guidance
- Material or financial support
- Positive social interactions
- Emotional support.

DCFS expects that more than 1,600 youth will receive TAL services during FFY 2018.

Demographics of Youth Receiving TAL Services											
		FFY '12 Number	FFY '12 Percent of Total	FFY '13 Number	FFY '13 Percent of Total	FFY '14 Number	FFY '14 Percent of Total	FFY '15 Number	FFY '15 Percent of Total	FFY '16 Number	FFY '16 Percent of total victims
Race	American Indian/Alaska Native	99	6%	90	5%	82	5%	72	5%	65	4%
	Asian	12	1%	12	1%	16	1%	20	1%	18	1%
	Black	137	8%	127	7%	118	7%	106	7%	113	8%
	Pacific Islander	19	1%	17	1%	18	1%	21	1%	24	2%
	White	1,523	87%	1,508	88%	1,417	88%	1,383	89%	1,305	88%
	Multiracial or Unknown							14	1%	1,485	
	Total	1,749		1,718		1,613		1,553		338	23%
	Hispanic or Latino Origin	375	21%	366	21%	372	23%	359	23%		
Gender											
	Male	810	46%	795	46%	886	45%	869	56%	802	54%
	Female	939	54%	923	54%	727	55%	684	44%	683	46%
	Total	1,749		1,718		1,613		1,553		1,485	

Once a youth in foster care reaches the age of 14, region caseworkers and the youth's Child and Family Team—which the youth leads once they reach 16 years of age—work to prepare the youth for their transition to adulthood. All youth receive a continuum of training and services as identified by the Child and Family Team and as outlined in their TAL Plan.

**Safe Children
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Services provided to youth are numerous but generally fall within five major categories including:

- Work and Career Planning and Education
- Housing and Money Management (not room and board)
- Home Life and Daily Living
- Self-Care and Health Education
- Communication, Social Relationships, and Family & Marriage

Percent of Youth 14 and Older Exiting Custody to Permanent Placements				
Closure Reason	Adoption	Custody/ Guardianship to Relative	Custody/ Guardianship to foster parent/other non-related	<i>Reunified with parent/ primary caretaker</i>
FFY 2012	5%	10%	3%	38%
FFY 2013	6%	14%	4%	35%
FFY 2014	6%	15%	3%	35%
FFY 2015	10%	14%	2%	33%
FFY 2016	9%	5%	3%	32%

For youth that exit state custody, time-limited financial support, through the Young Adult Resource Network (YARN), is available to those who meet eligibility requirements and require temporary assistance.

Number of Youth Emancipating	
	Number
FFY 2012	190
FFY 2013	204
FFY 2014	179
FFY 2015	184
FFY 2016	161

TAL Coordinators provide aftercare services to youth that exit foster care after the age of 18. In providing these services, coordinators help youth develop an action plan that identifies what the youth's current needs are and what goals they have for the immediate future. The TAL Coordinator will also help the youth find and access community resources that fit their needs.

Chafee aftercare funds may be used to help a youth access a service or may be used to meet a youth's emergency needs. Since Utah is a reciprocal state, a youth in Utah foster care that lives in another state can access Chafee aftercare or ETV resources by contacting a TAL Coordinator in the state in which they are living.

Number of Youth Receiving YARN Services	
	Number
FFY 2012	855
FFY 2013	788
FFY 2014	766
FFY 2015	832
FFY 2016	722

To complement a youth's efforts to achieve self-sufficiency and to ensure that a youth recognizes and accepts their personal responsibility to prepare for and then make the transition from adolescence to adulthood, up to \$2,000 in annual assistance can be provided to eligible youth through YARN. These funds are designed to help youth pay for housing, counseling, employment, education, and other appropriate services.

**Safe Children
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ACCOMPLISHMENTS ACHIEVED IN THE EIGHT PROGRAM PURPOSE AREAS

Program Purpose Area 1-Help youth to transition to self-sufficiency.

Utah has completed efforts to identify and decrease the number of young people under the age of 16 with a permanency goal of “Individualized Permanency” (synonymous with the federal Another Planned Permanent Living Arrangement “APPLA” goal). To comply with new federal regulations, legislation passed the 2016 legislative session limits the use of the Individualized Permanency goal for children in foster care under the age of 16. DCFS diligently worked to change goals for children under age 16 who had a primary goal of Individualized Permanency and according to SAFE (SACWIS) data there are now no children under 16 with this goal. To ensure that we comply with this new federal legislation DCFS will continue to provide training to staff and our legal partners in an effort to make them aware of the conditions that regulate the use of the Individualized Permanency goal.

DCFS is collaborating with the Court Improvement Project (CIP) on the development and implementation of the *Permanency Bench Card*, which addresses the appropriate use of the Individualized Permanency goal. Focusing on the need to: 1) identify a youth’s permanent connections and relationships, 2) normalize the life of youth while they are in foster care, and 3) provide services that support youth as they transition to adulthood, the bench card is a tool that helps judges hold meaningful conversations with caseworkers and youth, which in turn help judges determine if Individualized Permanency is the best permanency goal. The current version of the bench card is currently being reviewed by the division’s legal partners but is expected to be implemented within the next six-months.

The Adolescent Services Program Coordinator and region TAL Coordinators recently developed a document that caseworkers and youth can use—together—to assure that the youth has the skills needed to transition successfully to adulthood. To ensure that “all the bases are covered,” the *Milestone Guideline* provides incentives to the youth for completion of activities, skills, and education that the youth and caseworker have deemed a high priority and that will help the youth develop a connection to the community. Encompassing more than thirty-five skills and activities under more than fifteen focus areas, the youth and caseworker pick the two skills or activities that are most critical to the youth’s success then arrange for mentoring, training, or services that will help the youth accomplish the task. Once achieved, the youth is eligible for a cash incentive, which is paid once the youth provides the TAL Coordinator with documentation showing that the activity has been completed and has had a discussion with the TAL Coordinator about their experience.

The TAL Program continues to focus on activities that provide youth with the life skills they need to transition successfully to independent living. To support this endeavor, the Adolescent Service Program Administrator and regional TAL Coordinators contracted with the Utah Office on Education for the development of the Basic Life Skills classes. Because of the lack of relevant outside life skills training resources, the Office of Education will build a Utah specific, online, skills-based curriculum. Available to youth 17 years of age or older and who are in DCFS care, this training will soon be available to youth who, while not required to take the training, can spend as much or little time as they deem necessary on any topic, which therefore makes it possible for them concentrate on their most prevalent needs.

In addition, Christmas Box House International is now administering the former Utah Mentor Project, a privately funded program that matches mentors—who agree to meet at least monthly via phone, email, or text message—with youth aging out of foster care. Mentor relationships are based on a

**Safe Children
Strengthened Families**



strength-based approach to youth development, an approach that stresses the need for a genuine friendship rather than a relationship that centers on finding solutions to a youth's problems.

Program Purpose Area 2-Help youth receive the education, training, and services necessary to obtain employment.

Unfortunately, due to funding constraints, Utah and its youth in—or formerly in—foster care will soon be losing the five DWS Higher Education Navigators who help youth prepare for and enter institutions that provide post-secondary education or training and provide support to help ensure that students remain in school.

In the past year, navigators were able to help youth complete their course work, locate and obtain financial aid, find housing, or acquire appropriate transportation. They also provided referrals to services on campus, including to accessibility and disability centers, the TRIO program (federal outreach and student services programs designed to identify and provide services for individuals from disadvantaged backgrounds), and other student services.

In addition, last year one navigator from the Northern Region started a first year [of college] experience class that is designed to help youth navigate college life. During this class, participants worked on writing skills and identified personal difficulties—such as fear of taking tests—that could impact their ability to successfully finish their education. This navigator intends to hold one more class during the 2017 summer session before the service is discontinued.

On a positive note, this year the DCFS TAL Coordinator in the Western Region created a partnership with Utah Valley University, which will sponsor the *I Believe Campaign*. This campaign supports activities that encourage youth already in college to become a mentor to a youth in foster care. Specifically, mentors provide an orientation to the university, describe how to enroll, identify any barriers that the youth may face during their first year, and generally give the youth the boost they need to tackle college life.

Program Purpose Area 3-Help youth prepare for and enter post-secondary training and educational institutions.

Last year, the TAL Program Administrator met with administrators at the University of Utah to develop and implement the *First Start Academy*, an intensive academic and social training program for youth in foster care. Attending the academy's first kick-off event on April 29th 2017 were thirty 8th and 9th graders in foster care who will meet one day a month to develop their academic and social skills.

In addition, participating youth will be offered a four week on campus experience every summer during which volunteer professors will teach a variety of different courses. University mentors will provide academic and personal guidance and will meet monthly with the child's caregiver to identify ways in which the caregiver can provide support. Once youth complete the academy—and high school—they will be eligible for targeted scholarships that will help them pursue their secondary education. Furthermore, as long as a youth was in foster care when they entered the academy, the youth will be able to remain in the program regardless of their permanency status once they leave foster care.



Program Purpose Area 4-Provide personal and emotional support to youth aging out of foster care.

Again, due to funding and staffing constraints, Christmas Box House will no longer be able to assemble or distribute lifestart kits, which contained basic necessities a youth may need when moving out on their own.

On the other hand, during a meeting with the DHS Executive Director, members of the Youth Council expressed their concern about the lack of appropriate containers in which children can place their belongings when they need to move from one placement to another. They stated that the use of garbage bags when required to move was embarrassing and demeaning.

An initiative to collect backpacks for this purpose was created following that meeting. With the goal to collect 5,000 backpacks, DCFS has collected more than 16,000 packs from individuals, organizations and businesses throughout the state—and continues to receive more.

During FFY 2016, the TAL Program Coordinator in St. George, UT, in cooperation with the Southwest Behavioral Health Center, secured funding for two peer specialist positions that will address the mental health needs of youth transitioning from care. These positions are expected to be filled soon.

DCFS is in the process of creating the new “Therapeutic Foster Care” placement type and is coordinating with the DHS System of Care and community organizations to develop more Therapeutic Foster Care resources. Therapeutic Foster Care serves children (0-21) who have behavioral and emotional disorders that cannot be adequately addressed in a typical family or foster home. In most instances, these children would be treated in a congregate or inpatient setting.

Therapeutic Foster Care is provided in a family-based setting by foster, kinship, or biological parents who are trained to use one or more Therapeutic Foster Care models to address social functioning, communication, behavioral issues, crisis support, medication monitoring, counseling, and case management. Services provided are individualized, trauma informed, and age and gender appropriate.

Program Purpose Area 5-Provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age.

To prevent youth exiting foster care from becoming homeless, Family Unification Vouchers, offered through the Salt Lake County Housing Authority, are available to eligible youth. These vouchers allow for 18 months of continued case management and rental assistance while a youth continues their education.

In addition, the Salt Lake County Housing Authority increased the amount of housing available to youth participating in the Authority’s Family Self-Sufficiency program.

The Salt Lake City Housing Authority Family Unification Program also works with the DHS Discharge Planning Committee and local DCFS TAL Coordinators to ensure that youth exiting foster care receive a portion of available transitional Section 8 housing. DCFS provides case management and YARN funding to youth who receive these housing vouchers.

In cooperation with the Salt Lake County’s Milestone Program, DCFS coordinates services that help youth meet their housing needs. Similarly, youth who are in crisis or facing homelessness can access resources and supports through the Salt Lake County Homeless Youth Resource Center, sponsored by the Volunteers of America (VOA). To help teens struggling with homelessness, the VOA operates a 20,000-square-foot, 30-bed shelter at in Salt Lake City that offers 24/7 support as well as education,



counseling, and job training. It also has the capability to offer three meals a day to youth seeking services.

Another valuable collaborative partner not yet mentioned is Job Corps, which provides housing to youth attending an institution of higher education or who may be receiving skills or technical training.

This year, the Western Region, in cooperation with the Utah County Community Action Program and Wasatch Mental Health, were notified that \$67,000 in housing vouchers will be available to youth between the ages of 18 and 24. These organizations are currently developing a plan that will ensure that the funds are used to meet high priority needs.

Finally, DCFS continues to partner with the Department of Health on a campaign to increase enrollment in the Former Foster Care Medicaid Plan, which provides medical coverage—up to the age of 26—to youth formerly in foster care. Many former foster youth are unaware that they are eligible to receive this additional medical coverage. While still below the national average for number of enrollments, the campaign has been successful in informing community partners, frontline staff, and other agencies that serve youth that additional coverage is available and that they are welcome to refer youth to this valuable service.

Program Purpose Area 6-Make available vouchers for education and training, including postsecondary education to youth who have aged out of foster care.

The Utah Educational Savings Plan continues to distribute Olene S. Walker Transition to Adult Living Scholarships, which help qualified youth transitioning out of foster care complete a post-secondary education program (degree or certificate) at one of the Utah System of Higher Education institutions or Applied Technical Centers. Recently, the Adolescent Service Program Administrator received information that during FFY 2017 and 2018 the Olene S. Walker intends to distribute up to 50 scholarships, the greatest number of awards they have issued since the program's inception.

Program Purpose Area 7-Provide services to youth who, after attaining 16 years of age, have left foster care for kinship, guardianship, or adoption.

As noted above, youth who are adopted after the age of 16 or who achieve legal permanency after being placed with kin or a guardian continue to be eligible for ETVs and the Olene S. Walker Transition to Adult Living Scholarship. Youth are also eligible to receive YARN aftercare funds up to 21 years of age.

While attending Child and Family Team Meetings prior to transitioning, youth and their caregivers learn about available TAL services. During these meetings, the Child and Family Team link youth and families to resources and services that can help meet a youth's needs until the youth can qualify for ETV or aftercare funds.

Families adopting a youth from foster care also receive information about outside resources, including WIOA Youth, health care services, or financial aid that may help the youth obtain a post-secondary education. Through coordinated efforts between the TAL Coordinators and region post-adoption support specialists, post-adoption services—coordinated by the Adoption Program—may also be available and can help youth navigate relationships with biological family members, link youth to educational services, and provide youth with mental and physical health services as well as referrals to trauma related services or beneficial financial services.



Program Purpose Area 8-Ensure children who are likely to remain in foster care until 18 years of age have regular, on-going opportunities to engage in age or developmentally-appropriate activities as defined in section 475(11) of the Act.

As noted in Program Purpose Area 1, the Adolescent Service Program Administrator and regional TAL Coordinators contracted with the Utah Office on Education for the development of the Basic Life Skills classes. Available to youth 17 years of age or older, the curriculum will soon be online.

The Adolescent Service Program Administrator and regional TAL Coordinators also attended the two-day *Be Proud Be Responsible!* instructor training and are now qualified to teach the program to youth in the state's custody. *Be Proud! Be Responsible!* is a small group skills building and motivational intervention designed to increase knowledge of AIDS and sexually transmitted diseases (STDs) and to reduce positive attitudes and intentions toward risky sexual behaviors. The intervention consists of one 5-hour session delivered to groups of 5-6 males. The intervention includes facts about HIV/AIDS and risks associated with intravenous drug use and sex behaviors, clarifies myths about HIV, and helps adolescents recognize their vulnerability to AIDS and STDs. Adolescents also engage in role-playing situations to practice implementing abstinence and other safe sex practices.

A Foster Care Bill of Rights was published in 2014 and has been incorporated into the division's practices and procedures. Children in out-of-home care are now informed of their rights while in foster care at a level commensurate with their developmental capacities. The Bill of Rights is also reviewed with the out-of-home caregiver if the child is non-verbal. If a child feels their rights have been violated, practice guidelines state that the child must be given the same resources to resolve the conflict as any other individual. As such, to resolve any issues, the youth may request a meeting with their caseworker or the caseworker's supervisor, can contact their Guardian ad Litem, DCFS Constituent Services, or can confer with the Office of the Child Protection Ombudsman.

Two years ago, the Utah State Legislature passed HB 346-*Foster Children Amendments*. Supported by the Youth Provider's Association and the state's Youth Council, this legislation requires DCFS and private providers to make efforts to normalize the life of a child and enables a caregiver to approve or disapprove a child's participation in activities. In 2015, extensive training was provided to caseworkers, foster parents, private child placing agencies, and other community partners that aided in implementing this mandate.

DCFS Practice Guideline 300.5-*Safety for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth* demonstrates the agency's commitment to support and affirm the sexual orientation and gender identities of youth served by the organization. That Practice Guideline confirms that Child and Family Team members must "promote the positive development of all children and youth by demonstrating respect for all children and youth, reinforcing respect for differences, encouraging the development of healthy self-esteem, and helping all children and youth manage the stigma sometimes associated with difference."

DCFS implemented a two-hour *Safety Guidelines for LGBTQ Clients* training that will be delivered to all caseworkers and supervisors. During this training participants learn how to implement DCFS Practice Guideline 300.5 that specifically addresses the issue of safety for LGBTQ youth. Training introduces appropriate terminology, helps students understand LGBTQ issues, addresses services that help prevent removal, and identifies expectations for out-of-home placements.

Prospective foster and adoptive parents also learn about the needs of LGBTQ youth in several sections of the 32-hour training provided by the UFCF. In the session where UFCF trainers discuss why children are in foster/adoptive care and in the session where they learn about adolescent development, trainers identify the safety needs of children who may be questioning their sexuality.



Also, when UFCF trainers address—with prospective foster or adoptive parents—the need to “transcend” differences in philosophy or beliefs, they help parents examine their personal, moral, and ethical perspectives and help parents determine if they have the ability to work with children who live differently.

A discussion of LGBTQ youth safety is also held during the UFCFs *DCFS Practice Guidelines* webinar, a course that parents are required to complete before being licensed. A culture of acceptance is a primary component of any placement and as such UFCF addresses—with foster and adoptive parents—issues relating to inclusiveness, creating safety, stability, and support for LGBTQ youth.

PLANNED ACTIVITIES

During FFY 2018, the Adolescent Program Administrator and the region TAL Coordinators will continue to provide the Center for Disease Control’s *Be Proud Be Responsible!* curriculum as a resource to youth transitioning from care.

Furthermore, the Adolescent Program Administrator will continue to work with other DCFS administrators on plans to test whether Therapeutic Foster Care is appropriate for children and youth who would otherwise be served in a residential treatment setting or for those that are stepping down from a residential treatment setting. After a pilot of approximately 18 months to three years, the division will assess the costs and benefits of this level of care and evaluate the safety, permanency and well-being outcomes for children served.

Recently, Utah participated in the National Youth Transition Database On-site Review and held several conversations with our federal partners from the Children’s Bureau about the way Utah assesses the skills of a young person and delivers services identified on the assessment. Currently, Utah utilizes the Casey Life Skills Assessment to evaluate a youth’s skills but wants to move to an assessment tool that is evidenced-based and is an integral part of our Practice Model.

As a result, during FFY 2018, DCFS intends to develop and implement the TAL Living Utah Family and Child Engagement Tool (TAL UFACET). The TAL UFACET will be a new version of the CANS based assessment tool developed in conjunction with the HomeWorks IV-E child welfare wavier demonstration project and, in concept, will incorporate language in the NYTD guidelines and the CSSP Youth Thrive Promotive and Protective Factors framework.

The Adolescent Program Administrator will also be working with OSR to update current TAL related QCR assessment questions so that they are consistent with NYTD terminology. The Program Administrator also intends to work with OSR to incorporate new review elements into the QCR process that will assess to what degree child and family teams are addressing the transitional needs of youth exiting foster care. Furthermore, the Program Administrator and members of the Youth Council intend to meet with OSR to determine to what extent—and at what age—youth can participate in the QCR.

Finally, on a local level, TAL Coordinators in the Southwest Region are collaborating with the Intergenerational Poverty Committee to address the web of complex and interrelated challenges limiting individuals ability to be self-reliant and are members of a collaboration working with Utah Youth Futures that will design and build a teen homeless shelter in St. George as well as identify programs and services to be provided by that shelter.



USE OF NYTD DATA

To provide Utah with a complete view of youths' experiences, DCFS regularly collects data regarding youth turning 17 while in foster care and surveys youth formerly in foster care at age 17, 19 and 21 years of age. In August 2016, Utah participated in its first NYTD Assessment Review (NAR), which evaluates the accuracy and reliability of data collected on youth in transition. This review compared Utah's methodology for collecting and reporting NYTD data to the NYTD collection requirements. As a result of this review, DCFS and its federal counterparts jointly agreed on a Program Improvement Plan (PIP) that will ensure that DCFS collects all relevant data in a manner consistent with federal policies and regulations.

Two youth formerly in foster care who are members of the Youth Council participated in the review and shared the results of the assessment and the NYTD snapshot report with the Youth Council. During those meetings, youth on the council learned that NYTD surveys show that housing, education, access to health care, and incarceration continue to be areas of special concern to youth and as a result formulated recommendations that will help DCFS improve services delivered.

Utah also used the NYTD data to inform stakeholders about barriers youth face when they exit foster care. The snapshot report was shared at the annual Court Improvement Project Summit as part of a presentation on improving higher educational outcomes for foster youth. At this summit, outcomes were shared with judges and child welfare attorneys, which lead to a discussion about how educational outcomes can be reviewed more effectively in the courtroom. The data was also shared during foster parent training in the Northern Region, which likewise led to a discussion about how foster parents can assist youth with their transitional goals.

COLLABORATION WITH YOUTH AND OTHER PROGRAMS

INVOLVEMENT OF YOUTH

DCFS continues to support the State Youth Council, which adds a much needed "youth voice" to the child welfare system. Through this council, youth discuss issues that impact their lives, set goals and objectives that are designed to resolve the problems they face, and—in concert with DCFS administrators—develop policies and procedures that ultimately affect the support they receive.

As they did last year, youth participated in panel discussions during UFCF foster and adoptive parent pre-service training, UFCF region in-service trainings, and the Foster Care Conference held in October, during which they provided a realistic accounting of their experiences while in foster care, summarized the unique needs they faced while in foster care, and encouraged parents to consider fostering or adopting older children in the child welfare system.

As indicated in the Program Achievements area above, the Youth Council met with the DHS Executive Director in July 2016 to address concerns and issues they have about the foster care system. The backpack project emanated from this conversation and led to the collection of more than 16,000 backpacks that will be given to children moving between placements. Also as a result of this conversation, in September and October of 2016, two Youth Council members "shadowed" the Executive Director, accompanying her to a number of meetings during which they provided their unique views concerning the capabilities of various statewide programs and services.

Also as noted above, the Program Administrator and members of the Youth Council intend to meet with OSR to determine to what extent—and at what age—youth can participate in the QCR.



INVOLVEMENT OF PUBLIC AND PRIVATE SECTORS

In addition to the myriad of public and private agencies listed above with which the Adolescent Services Program Administrator and TAL Coordinators collaborate, the Program Administrator will continue to work with Youth Futures located in Ogden, Utah on measures to curb youth homelessness in that city.

The Program Administrator is also a member of the Coalition to End Utah Homelessness. Founded by a doctoral student at Utah State University, this coalition is working with DWS and the Department of Community and Culture to fund programs that serve homeless youth.

Lastly, the Adolescent Program Administrator is a member of a multi-agency collaboration (including members from the Office of the Attorney General, the Salt Lake County Public Defender's Office, DJJS, and other community partners) that is addressing issues related to human trafficking. While not specific to youth involved with DCFS, the collaboration intends to develop a screening tool to be used in detention centers to identify victims of human trafficking and identify or develop services that are designed to keep youth sex-trafficking victims out of jail. The collaborative also intends to develop a broad range protocol that will identify how and when to refer a child or youth sex-trafficking victim to DCFS for services.

COORDINATION OF SERVICES WITH OTHER FEDERAL AND STATE PROGRAMS

The TAL Program coordinates with a number of state agencies or partners that utilize federal funds. Those agencies include:

- DWS WIA Youth, which manages services provided through the ETV program and coordinates food stamps and employment training.
- DOH, which coordinates Medicaid services and, through a contract with DCFS, provides access to a nurse case manager who tracks the medical needs of youth in foster care.
- DSAMH, which refers youth to services that help youth resolve mental health and substance abuse issues.
- The Department of Public Safety Driver License Division, which provides assistance in obtaining a driver license.
- DJJS, which works with DCFS to identify youth in custody that may qualify for Chafee funded supports or may be eligible to receive services from other organizations.

The CPS and Adolescent Services Program Administrators are also currently working with a collaboration of individuals representing the Utah State Courts, law enforcement, the Utah Court Appointed Special Advocate program, Primary Children's Hospital, and others to identify measures that will help avoid re-victimizing victims of human trafficking. Likewise, DCFS continues to work with law enforcement to ensure that DCFS provides a more victim-friendly response to child victims of sex trafficking. Specifically, for a youth in custody that runs away from an out-of-home placement and may have become involved in human trafficking, DCFS protocols guide caseworkers as they try to determine if the youth has been involved in human trafficking. Subsequently, if the youth has been involved in human trafficking, a caseworker will assess the youth's need for mental health treatment or other community services. If specific sexual perpetrators are identified, a record is also placed in our licensing database that ensures that no placements are made with the suspected perpetrator.

Finally, the Adolescent Program Administrator is coordinating with Dr. Corey Rood, a pediatrician with the Center for Safe and Healthy Families at Primary Children's Hospital, who has offered to provide training that will focus on youth who are involved with the juvenile justice or child welfare systems and are commercially sexually exploited children (CSEC) or are victims of human

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trafficking. The intent is to target this training to individuals providing foster care services, including DCFS workers, provider staff, and foster parents.

TRAINING

Currently, a 5-hour segment of the *New Employee Practice Model Training* focuses on youth services provided through the TAL Program as well as on community resources available to youth.

DCFS anticipates that it will continue to provide Foundations for Youth: Supporting Foster Parents web-training to staff that request it. During this training participants review the latest research relating to adolescent development and learn about the impact that abuse or neglect has on youth. They study adolescent behavior, both normal and trauma-related, as well as learn how to engage youth, provide appropriate interventions to youth, and plan with youth.

Over the last two years, a national expert provided LGBTQ training to more than 150 individuals attending the Annual DCFS Child Welfare Institute. As a result, the division identified LGBTQ training as a priority and tasked the Professional Development Team with the responsibility to develop LGBTQ training.

Outside of the division, UFCF refers foster or foster to adopt parents—especially those that will be fostering or adopting youth over the age of 14—to the Foundations for Youth: Supporting Foster Parents web-training. Foster parents can use this training to meet their mandatory retraining requirements.

Furthermore, DHS sponsors the Transitions Academy (five program areas) that addresses the needs of youth who are receiving services through one or more divisions within the department. Training delivered through the Transitions Academy provides workers with information about how to involve youth in transition planning, how to integrate the requirements in the Normalcy Bill into transition planning, and how the Foster Youth Bill of Rights applies to transitioning youth.

CONSULTATION WITH TRIBES

As mentioned in the [Consultation and Coordination Between States and Tribes](#) section, the Adolescent Services Program Administrator attended an Indian Tribal Issues Committee meeting and provided an orientation to services available to Native American children and their families. In addition, the Program Administrator met one-on-one with leaders of the Confederated Tribes of the Goshute to review cases involving tribal youth receiving services from the state and collaborated with the tribe to identify state, tribal, and other community resources available to help meet the needs of the youth. Members of the Confederated Tribes of the Goshute and the Adolescent Program Administrator also researched and identified a number of additional services they believe may benefit the tribe's children as well talked about how they can collaborate to develop or obtain services that are geographically convenient for youth and their families living both on and off the reservation.

The Adolescent Program Administrator and the Ute Tribe continue to hold conversations about the tribe's need for culturally responsive transition services. During these conversations, the Program Administrator and tribal leaders identified available funding that may help meet the needs of youth who live either on or off of the Uintah Ouray Reservation.

Lastly, the Adolescent Services Program Administrator and leaders of the Confederated Tribes of the Goshutes have discussed the possibility of the state providing all Chafee and ETV services to members of the tribe, but to date no formal negotiations have taken place. No other tribe has expressed the desire to develop an agreement with DCFS to administer or supervise the CFCIP or ETV programs.



EDUCATION AND TRAINING VOUCHERS (ETV) PROGRAM

PROGRAM DESCRIPTION

Education and Training Vouchers (ETV) are available to youth meeting the following requirements:

- Be an individual in foster care who has not yet reached 21 years of age, or
- Be an individual no longer in foster care, but who received 12 months of TAL services after the age of 14 while in foster care and the court terminated reunification, or
- Be an individual no longer in foster care who reached 18 years of age while in foster care and who has not yet reached 21 years of age, or
- Be an individual adopted from foster care after reaching 16 years of age and who has not yet attained 21 years of age.

And:

- Have an individual educational assessment and individual education plan completed by the division or their designee.
- Have submitted a completed application for the ETV Program.
- Be accepted to a qualified college, university, or vocational program.
- Have applied for and accepted available financial aid from other sources before obtaining funding from the ETV Program.
- Have enrolled as a full-time or part-time student in a college, university, or vocational program.
- Have maintained a 2.0 cumulative grade point average on a 4.0 scale or equivalent as determined by the educational institution.

Number of Youth Receiving ETV Awards					
	SFY 2012	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Number of Youth	109	166	157	70	115

Eligible youth may receive vouchers up to a maximum of \$5,000 per year through the ETV Program. Specific awards are determined by the cost of tuition at specific educational institutions and the youth's enrollment status.

ADMINISTRATION OF THE ETV PROGRAM

There have been no changes in how the ETV program is administered. DCFS continues to contract with DWS to manage the ETV program. Youth submit an application through DWS and complete the screening process. Once the screening process is completed, applicants receive written notice of approval or denial of their application. If denied, a written form is provided stating the reason for denial. That form also includes instructions about how to appeal the decision.

Once an applicant is approved and becomes eligible to receive support through the ETV program DWS completes an Individual Education Assessment and an Individual Education Plan for each eligible applicant. DWS also makes it possible for enrolled youth to participate in paid internships or obtain financial support as they search for a job or take steps to build a career. It also helps youth (between the ages of 14 and 16 who are more than one grade level behind) receive academic support,

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which can help youth improve their performance in school as well as help them graduate from high school at the same time as their peers.

STEPS TO EXPAND AND STRENGTHEN THE ETV PROGRAM

As noted in previous sections, due to funding constraints, Utah and its youth in foster care will soon be losing the five DWS Higher Education Navigators. Nevertheless, both DCFS and DWS continue to promote ETVs to youth that are, or have been, involved in the child welfare system and continue to provide the vital assistance listed above.

STATISTICAL AND SUPPORTING INFORMATION

INFORMATION ON CHILD PROTECTIVE SERVICE WORKFORCE

The average DCFS employee is 40 years of age (one year younger than in FFY 2015) and has worked for the agency an average of 107 months (almost 6 months shorter than last year). All caseworkers have at least a Bachelor's Degree in Social Work, Psychology, Sociology, or closely related field of study and are encouraged to obtain at least a Social Service Worker (SSW) license within a year of being employed.

Child Welfare Workforce		
Reflects all employees as of 4/28/17		
Sex	Number	Percentage of Total
Male	212	19%
Female	911	81%
Unknown	1	0%
Race		
American Indian/ Alaska Native	8	1%
Asian	13	1%
Black	9	1%
Unknown/ Decline to Disclose	59	5%
Two or more Races	11	1%
Hispanic/Latino	83	7%
Native Hawaiian or other Pacific Islander	5	0%
White	935	83%
Total	1,123	

All DCFS direct service staff are required to complete the 180-hour *New Employee Practice Model Training* before they can work independently with children and families. During this training students learn about the foundations of child welfare, receive an orientation to DCFS, and are introduced to the division's Mission, Practice Model, Practice Skills and Practice Principles. Training includes technical instruction relating to child abuse and neglect, worker safety, child interviewing, motivational interviewing, audio-import, removal of children, developmental screening, UFACET, structured decision-making, legal aspects of child protections (provided by the Office of the Attorney General), secondary traumatic stress, trauma and attachment, effects of trauma on child development, trauma informed care, cultural responsiveness, and on use of the SAFE database.

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Also, during New Employee Training participants apply new knowledge, tools, and skills as they review relevant casework and work side by side with experienced intake, CPS, in-home, foster care or TAL caseworkers.

To keep their skills current, all direct services staff are required to complete 40 hours of additional training annually. Not only are they able to attend specialized courses provided by the Professional Development Team but are encouraged to attend outside training opportunities during which they learn new service delivery techniques and skills as well as interact with direct service, clinical, and administrative staff employed by other agencies.

To ensure that the Practice Model is universally understood and applied, support staff are also required to attend the five-hour Practice Model Training for Support Staff and are required to take at least 20 hours of additional agency related training each year.

In addition, regardless of whether they are direct or support staff, all staff must complete periodic department and state mandatory administrative training including harassment, driver's safety, and use of technology training.

WORKLOAD UNITS				
CASE TYPES	WEIGHTING/ WORKLOAD UNITS PER	CASELOAD IN CASES	WORKLOAD IN UNITS	JUSTIFICATION
CPS, PAT, PSI, IHS, CCS, CIS, HW —LOW, HW—NO SDM, HW—NOT REUNIFICATION GOAL	1	15	15	Consistent with prior legislative caseload standards, national CWLA standards
SCF, HW—Moderate, HW—Kin with reunification goal	1.25	12	15	Consistent with prior legislative caseload standards, national CWLA standards. HW kin is included because there are two sets of parents to work with. HW— Moderate because they have an additional visit a month
HW—High	1.5	10	15	Increased contact standards. Review of study on workload weighting in in-home.
HW—Very High	1.875	8	15	Increased contact standards. Review of study on workload weighting in in-home.
⊙ HW stands for HomeWorks case and includes PSS, PSC, PFP, PFR				
⊙ Multiplier of 0.2 per case with large sibling groups (4 or more)				
⊙ Multiplier of 0.25 per new case (less than 45 days)				

DCFS has adopted and generally conforms to national casework caseload standards.⁴ For in-home services a caseload formula is used to calculate a caseworker's in-home caseload by comparing the weighted measures of risk level (determined using the SDM Risk Assessment) against the number of children and/or adults in the family.

⁴ The Child Welfare League of America (CWLA) caseload standards are available at <http://66.227.70.18/newsevents/news030304cwlacaseLoad.htm>



JUVENILE JUSTICE TRANSFERS

Juvenile Justice Transfers		
	Number of Cases	Percent of all youth exiting custody
FFY '12	51	2.59%
FFY '13	53	2.57%
FFY '14	33	1.69%
FFY '15	40	1.80%
FFY '16	36	1.74%

SOURCES OF DATA ON CHILD MALTREATMENT DEATHS:

The Department of Health provides the DHS Fatality Review Coordinator with Certificates of Death for all children between the ages of birth and 21 years who die in the State of Utah. The Fatality Review Coordinator uses those death certificates to determine if the deceased child or their families have received services through DHS within 12 months of the child's death and will conduct a review of cases that meet that stipulation. The coordinator also reviews cases where a newborn (who received no services) dies and whose family is currently or has previously been involved with a division within DHS.

The Fatality Review Coordinator examines a number of documents when reviewing each death. Those documents include:

- Autopsy Reports
- Deceased Client Reports provided by divisions within DHS
- Office of the Medical Examiner Infant/Child Death Notices
- Child Death Decedent Information Reports provided by the University of Utah Medical Center
- Newspaper obituaries
- Police/Sheriff Reports when applicable
- The decedent's case file.

Once each case has been reviewed, the Fatality Review Coordinator generates a written summary of the family's history of involvement with DHS and analyzes case practice to determine if the agency has any culpability. Reports are forwarded to the appropriate fatality review committee (DCFS Child Fatality Review Committee; DSPD Fatality Review Committee; or DJJS Fatality Review Committee), which review reports and, if necessary, recommends changes to practice.

If a child is in DCFS custody, but is residing in a placement outside of Utah, it is expected that either the caregiver will inform DCFS of the death or that the ICPC or courtesy worker in the receiving state will notify DCFS of the death. When notified, the caseworker or ICPC Administrator completes a Deceased Client Report and submits it to the Fatality Review Coordinator for her review.

A report is published yearly that reviews the deaths of all individuals for whom there is an open DHS case at the time of death or in cases where the individuals or their families have received services through DHS within 12 months preceding the death. The 2016 Fatality Review Executive Summary indicated that there were 33 fatalities reported by DCFS. No significant changes to policies or procedures resulted from those reviews.

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ANNUAL REPORTING OF EDUCATION AND TRAINING VOUCHERS AWARDED

Name of State: Utah

	Total ETVs Awarded	Number of New ETVs
Final Number: 2015-2016 School Year (July 1, 2015 to June 30, 2016)	115	55
2016-2017 School Year* (July 1, 2016 to June 30, 2017) *TO DATE as of 5/31/17	118	54

INTER-COUNTRY ADOPTIONS:

FFY 2016 Inter Country Adoptions				
Child Number (names not required)	Placement Agency	Country of Origin	Reason for Disruption/ Dissolution	Status/Plan for the Child
1	None involved	Unknown	Adoptive Failure Non-State	Individualized permanency
2	Unknown	Unknown	Delinquent Behavior	Individualized permanency
3	Unknown	Unknown	Dependency	Custody to Juvenile Justice Services
4	International Agency	Haiti	Delinquent Behavior	Adoption
5	Save a Child Foundation	Ukraine	Dependency	Individualized permanency
6	Social Welfare - Winneba	Ghana	Dependency	Adoption
7	Social Welfare - Winneba	Ghana	Dependency	Adoption
8	Private Adoption	Ukraine	Delinquent Behavior	Individualized permanency
9	Unknown	Unknown	Delinquent Behavior	Guardianship (non-relative)
10	Children's House International	China	Physical Abuse	Reunification
11	unknown	Russia	Neglect	Reunification

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INTERSTATE COMPACT ON ADOPTION AND MEDICAL ASSISTANCE (ICAMA)/ INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN (ICPC)

ICPC FFY 2016			
	Incoming	Outgoing	Total
All Adoptions	112	148	260
Foster Care	45	37	82
Parent	36	45	81
Kinship	73	121	194
All Residential	2,152	6	2,158
Closures (the number of closures that occurred during the year)	1,530	249	1,779

Timely Home Studies FFY 2016			
Study Type	Completed within 60 days	Completed between 60 and 75 days	Completed over 75 days
ICPC Adoption Home Study	24	2	6
ICPC Foster Home Study	29	11	42
ICPC Parent Home Study	25	3	24
ICPC Relative Home Study	32	7	26
TOTAL	110	23	98

ICAMA Medical Adoption FFY 2016			
	Incoming	Outgoing	Total
Referrals	233	126	359

During FFY 2015, DCFS entered into an agreement with the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) to access the National Electronic Interstate Compact Enterprise (NIECE). NIECE is a cloud-based electronic system that is used to exchange data and documents needed to place children across state lines as regulated by the ICPC.

During FFY 2016, the ICPC team met with DCFS administration to identify project staff to be involved in the roll-out. That team is currently mapping the process the division will follow to integrate the NIECE system into the existing SAFE framework. The SAFE Project Management and Analysis Team made the project one of their top priorities and will be working with the development team to build the portal to be used to collect ICPC data. DCFS hopes that this system will go live by September 30, 2018.

During FFY 2016, the ICPC Team also:

- Provided ICPC training to staff in the DCFS Eastern Region and to Attorneys General in the Office of Attorney General-Child Welfare Division.
- Created an interactive ICPC training module that uses a webinar-based format to provide online training to workers in remote areas.
- Provided one-on-one support to individual residential treatment centers in an effort to enhance their ability to process their ICPC documentation in an efficient and timely manner, which is expected to decrease the number of placement disruptions they experience.

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- Implemented a multi-agency shared tracking log that will allow DCFS, JJS, DSAMH, Office of Licensing, and the Interstate Commission for Juveniles (sponsored by the Utah Courts) to track ICPC cases that experience placement disruptions from a residential treatment center.
- Reviewed, in conjunction with the local Interstate Commission for Juveniles, the proposed 2017 rule changes to the Interstate Compact on Juveniles.
- Clarified, with the states of California and Colorado, the responsibilities of the sending and receiving states.
- Continued to support the Interstate Commission for Juveniles and the local state council, which are refining state practices pertaining to children who are dually adjudicated.
- Provided technical assistance to the Utah Office of Education and local school districts and helped identify which agency is responsible for collecting or paying for tuition for children from another state that are in an out-of-home placement in Utah.

In FFY 2017, the ICPC Team will:

- Continue to integrate and implement the NEICE system and provide related training to region staff.
- Provide training to region staff that will identify when and how to contact sending states if additional information is needed, will emphasize the need for workers to communicate regularly with ICPC workers in the corresponding State of Utah, and will clarify the difference in job responsibilities between staff in the regions and staff in the state office.
- Implement the rule changes approved by the Interstate Commission for Juveniles.
- Develop and host the 2018 ICPC Summit, to be attended by DCFS ICPC workers, various other provider staff, and community representatives.

FINANCIAL INFORMATION

PAYMENT LIMITATION: TITLE IV-B, SUBPART 1:

DCFS does not use IV-B subpart 1 funding to pay for child care, foster care maintenance, or adoption assistance payments and did not do so in FFY 2005. No Title IV-B subpart 1 funding was used for these purposes in FFY 2005 or in FFY 2016. Therefore, DCFS has complied with the requirement not to spend more title IV-B subpart 1 funds in FFY 2016 than it did in FFY 2005.

Likewise, since in FFY 2015 DCFS did not use federal IV-B, subpart 1 funds for foster care maintenance payments, nor did it do so in FFY 2005, it did not allocate state funds as a match for federal funds. Therefore, DCFS has complied with the requirement that the FFY 2016 state match for foster care maintenance payments did not exceed the amount of the FFY 2005 match.

The maximum amount of Title IV-B Part 1 funds that will be claimed for administrative costs, as specified in section 422(c) of the Social Security Act, will be limited to 10%.

PAYMENT LIMITATION: TITLE IV-B, SUBPART 2:

As noted under Expenditure of PSSF Funding, DCFS plans to expend at least 20% of total PSSF funds in each of the four service categories.

The maximum amount of Title IV-B Part 2 funds that will be claimed for administrative costs, including caseworker visitation funds, will be limited to 10% as specified in section 434(d) of the Social Security Act.

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FFY 2015 MAINTENANCE OF EFFORT [45 CFR PARTS 1357.15(F)]

Child and Family Services will not use the Federal funds under Title IV-B Part 2 to supplant federal or state funds for existing family support, family preservation, time-limited reunification, and adoption support services based upon the state's FY1992 expenditures.

	State FY 1992				Oct 91-June 92	State FY 1993				July 92-Oct. 92	Total Expenditures from State Funds FFY 1992
	State	Federal	Misc.		75% of State	State	Federal	Misc.	Total	25% of State	
Homemaker Services	25,600	28,900		54,500	19,200	25,600	32,900		58,500	6,400	25,600
Family Preservation Services	139,800	150,900		290,700	104,850	125,600	86,300		211,900	31,400	136,250
In-home Services	52,400	46,500		98,900	39,300	57,000	13,800		70,800	14,250	53,550
Parenting Skill Services	8,500	25,600		34,100	6,375	14,200	19,900		34,100	3,550	9,925
Crisis Nursery Services	0	134,229		134,229	0	139,500	428,118		567,618	34,875	34,875
Subsidized Adoptions (non IV-E)	139,200	294,500		433,700	104,400	54,776	347,615		402,391	13,694	118,094
Children's Trust Fund			350,000	350,000	0	0	0	350,000	350,000	0	0
Total	365,500	680,629	350,000	1,396,129	274,125	416,676	928,633	350,000	1,695,309	104,169	378,294
						FFY 2015					Total Expenditures from State Funds FFY 2015
						State	Federal	Misc.	Total		
Homemaker Services (HHMK)						0	0		0		0
PSSF Family Preservation Services (HFFP)						267,753	803,258		1,071,011		267,753
PSSF Family Support (HFPG)						163,045	489,135		652,180		163,045
In-home Services (HHIS)						503,060			503,060		503,060
Parenting Skill Services						0	0		0		0
Crisis Nursery Services (HCSN)						652,391	989,800		1,642,191		652,391
Subsidized Adoptions (non IV-E-HSAO)						5,026,264	0		5,026,264		5,026,264
Adoption Assistance (HSAN)						0	0		0		0
Children's Trust Fund (HNTE)						385,858	0		385,858		385,858
Total						6,998,371	2,282,193		9,280,564		6,998,371

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